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2d, Washington, D.C., 1905

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Pan American Sanitary Conference
2, Washington, D.C., 1905.

TRANSACTIONS OF THE SECOND INTERNATIONAL SANITARY CONVENTION OF THE AMERICAN REPUBLICS

HELD AT THE NEW WILLARD HOTEL, WASHINGTON, D. C., OCTOBER 9, 10, 12, 13, and 14, 1905, UNDER THE AUSPICES OF THE GOVERNING BOARD OF THE INTERNATIONAL UNION OF THE AMERICAN REPUBLICS

WASHINGTON, D. C. -- GOVERNMENT PRINTING OFFICE -- 1906

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P19
1905

OFFICERS OF THE CONVENTION.

President.

Surgeon-General Wyman, United States Public Health and Marine-Hospital Service.

Vice-presidents.

Señor Don Eduardo Moore, M. D., Chile.
Señor Don Juan J. Ulloa, M. D., Costa Rica.
Señor Emilio Joubert, Dominican Republic.
Señor Don Serafín S. Whither, Ecuador.
Señor Don Joaquin Yela, M. D., Guatemala.
Señor Don Eduardo Licéaga, M. D., Mexico.
Señor Don J. L. Medina, M. D., Nicaragua.
Señor Don Daniel E. Lavorería, M. D., Peru.
Mr. H. L. E. Johnson, M. D., United States.
Señor Don Nicolás Veloz Goiticoa, Venezuela.

Permanent secretary.

Señor Don Juan J. Ulloa, M. D., Costa Rica.

Advisory council.

Señor Don Eduardo Moore, M. D., Chile, *Chairman.*
Señor Don Eduardo Licéaga, M. D., Mexico.
Asst. Surg. Gen. H. D. Geddings, United States.
Maj. Walter D. McCaw, U. S. Army.
Señor Don Juan Guiteras, M. D., Cuba.
Dr. J. D. Gatewood, Surgeon, U. S. Navy.

406628

CONVOCATION OF THE SECOND GENERAL INTERNATIONAL SANITARY CONVENTION.

In accordance with the mode of procedure authorized by the Second International Conference of American States, held in the City of Mexico in 1901–2, the date of October 9, 1905, was fixed for the assembling of the Second General International Sanitary Convention in Washington, D. C.

The following official communications were promulgated as necessary preliminaries:

TREASURY DEPARTMENT,
Washington, April 29, 1905.

Mr. W. C. FOX,
Director of the Bureau of the American Republics, Washington, D. C.

DEAR SIR: I inclose herewith a call for the Second General International Sanitary Convention of the American Republics, summoned, by direction of the International Sanitary Bureau, to meet in Washington, D. C., on October 9, 1905, at 11 o'clock a. m.

This call is issued in accordance with the resolutions relating to international sanitary policy and sanitary conventions adopted by the Second International Conference of the American States, held in the City of Mexico October 22, 1901, to January 22, 1902.

In accordance with paragraph 7 of said resolutions, I have to request that you will take such measures as you deem advisable to make announcement of this call.

Respectfully,

WALTER WYMAN,
Surgeon-General, Chairman International Sanitary Bureau.

TREASURY DEPARTMENT,
Washington, April 29, 1905.

THE SECOND GENERAL INTERNATIONAL SANITARY CONVENTION OF THE AMERICAN REPUBLICS.

By direction of the International Sanitary Bureau, the Second General International Sanitary Convention of the American Republics will be held at the New Willard Hotel, Washington, D. C., on October 9, 1905, at 11 a. m. The programme for the meeting will be furnished in a short time, and announcements of any changes therein will appear from time to time in the Monthly Bulletin of the Bureau of the American Republics.

Respectfully,

WALTER WYMAN,
Chairman, International Sanitary Bureau.

In consequence of the foregoing, the Bureau of the American Republics caused the following to be transmitted to the accredited representatives in the United States of the countries composing the International Union of American Republics:

MAY 1, 1905.

SIR: I have the honor to transmit herewith copy of a letter received from Surg. Gen. Walter Wyman, chairman of the International Sanitary Bureau, forwarding a call for the Second General International Sanitary Convention of the American Republics to meet in Washington, D. C., on October 9, 1905, at 11 o'clock a. m.

I am, sir, your obedient servant,

WILLIAMS C. FOX, *Director.*

The programme submitted for the work of the convention was as follows:

SECOND INTERNATIONAL SANITARY CONVENTION OF AMERICAN REPUBLICS,
Washington, D. C., October 9, 1905.

SCIENTIFIC PROGRAMME.

1. Reports by a delegate from each Republic. These reports should include (*a*) reports on prevalence of diseases, with special reference to plague, yellow fever, and malaria since January 1, 1904, being approximately the date of adjournment of the last convention; (*b*) a summary of all quarantine and sanitary laws enacted since the first convention; (*c*) special sanitary work in progress or in contemplation. These reports are to be rendered in behalf of each Republic, or each division of the subject may be committed to a delegate for presentation. A written report is requested for publication.

2. Plague: (*a*) Diagnosis; (*b*) Prophylaxis and therapeusis; (3) Maritime quarantine; (*d*) Land quarantine; (*e*) Local measures for the eradication of the disease.

3. The mosquito in its relation to yellow fever and malarial fevers. Prevention of the spread of yellow fever and malarial fever by the destruction and elimination of the mosquito.

4. Discussions on sanitation of cities, with special reference to the ventilation of habitations and disposal of household wastes.

TRANSACTIONS OF THE SECOND GENERAL INTERNATIONAL SANITARY CONVENTION OF THE AMERICAN REPUBLICS.

FIRST DAY—MONDAY, OCTOBER 9.

The convention was called to order by Surgeon-General Wyman, presiding, at 11.15 o'clock a. m.

OPENING REMARKS BY SURG. GEN. WALTER WYMAN OF THE PUBLIC HEALTH AND MARINE-HOSPITAL SERVICE.

GENTLEMEN: I have the honor of calling to order the Second International Sanitary Convention of the American Republics, convened pursuant to resolutions adopted by the Second International Conference of the American States, City of Mexico, January 29, 1902.

Three years ago next December the First Convention was held in this city, eleven Republics being represented by twenty-seven delegates. So far as I am at present informed there are twelve Republics represented in this convention. You will remember that it was decided to hold the Second Convention March 15, at Santiago de Chile, in accordance with the cordial invitation presented by the distinguished delegates from Chile. As the time approached it became evident that on account of a severe epidemic of yellow fever in certain portions of the United States and Mexico, and the necessity of precautionary measures for the ensuing year, it would be very difficult for delegates from these two Republics to absent themselves; therefore, the International Sanitary Bureau, with the kind concurrence of the Chilean authorities, agreed to a postponement and finally determined upon this date and this city for the present convention.

The good results of the First Convention have been made manifest in various ways, and the resolutions which were adopted have been of value certainly to the health authorities of the United States, and as I believe to the authorities of the other Republics. I will review these resolutions, of which there were seven, giving their titles, but not attempting here to quote them in full.

First, the convention to be governed by the resolutions of the conference in Mexico;

Second, resolutions relating to the time of detention and disinfection at quarantine;

Third, resolutions relating to yellow fever, mosquitoes, and quarantine;

Fourth, resolution relating to the geographical distribution of the yellow-fever mosquito;

Fifth, resolution declaring the relation between lower animals, garbage, and disease;

Sixth, resolution relating to typhoid fever and cholera, declaring the necessity of disinfection of discharges;

Seventh, resolutions relating to the International Sanitary Bureau, its operations, and the collection of a fund for its use.

The good results of the First Convention and the beneficial effect of the resolutions just enumerated, will, I am confident, be made to appear in the reports and remarks of the delegates to this Second Convention. I will here mention but one instance in illustration. After the yellow-fever epidemic in Mexico and in Texas in 1903, there was great apprehension of its recurrence in both countries in the following summer and fall of 1904, and it became evidently necessary that preventative measures similar in character and thoroughness should be adopted in both countries. Through the International Sanitary Convention the way was paved for securing combined action through the highest authorities of both nations. A plan of operations having been prepared in the Bureau of the Public Health and Marine-Hospital Service, broad in character and definite in detail, approved by the President so far as expenditures from the appropriate fund were concerned, by the Secretary of the Treasury as to the application of the fund and the scope of the work to be undertaken, and by the Secretary of State as to its relations to a neighboring Republic, I had the honor of paying a visit in January, 1904, to our distinguished confrère, Doctor Licéaga, president of the superior board of health of Mexico. I was pleased to find that practically the same plan, both in scope and detail, had already been proclaimed by the Mexican authorities and there was no difficulty in determining upon conjoint and concurrent action. President Diaz expressed his interest and approval. As a result there was practically no yellow fever in either Republic during the ensuing season. A description of the methods employed will doubtless be given by the delegates from both countries.

This incident is but one of many which might be cited to show how effective may be the work of sanitation when carried on by friendly cooperation between two nations, each inspired by friendly feelings and a desire to protect the other as well as itself.

This idea of sanitation by international agreement is but one of the evidences that all nations are to-day more nearly related than ever before in the world's history. Said a recent writer:

> Not only has the narrow frith been practically abolished, but the wide ocean is traversed by passenger ships in five days and by thoughts put into words in a few seconds. All the world has become one neighborhood so far as relates to distances.

In no manner has this been more strikingly shown than in the warfare against contagious disease. But a few years ago a violent epidemic of yellow fever in Cuba would excite no more than passing notice, while to-day the news of one or two cases anywhere on the littoral of our Western Hemisphere would be immediately communicated to the United States and other countries. A few cases of bubonic plague in the Orient which a few years ago would receive no attention are instantly reported and published and one case of cholera on a ship in the Mediterranean is telegraphed to the principal cities of the world. International congresses, conferences, and conventions are frequent, bringing the nations together as one family in the struggle against the common foe of mankind.

We hear much at the present time of international peace conferences, and arbitration treaties. Is it too much to expect as a corollary, or as a parallel movement, that there should be ultimately a cooperation of all nations to eliminate communicable diseases? International sanitation might well be considered as an adjunct to the movement for universal peace. It might prove less difficult of achievement than absolute arbitration or it might be made a powerful influence in establishing the latter. A former President of the French Republic at the opening of the Hygienic Conference at Paris in 1894, gave expression to the following sentiments:

> The international principles which had their origin in the laboratory and are based on science are the only ones which bind nations together with strong ties and establish equitable and immutable laws.

This principle may be well considered by those who are seeking universal peace; and international responsibility with regard to disease is worthy of the attention of those who are interested in the development of international law. There is, I believe, no mention in the treatises on international law of the responsibilities of governments to one another in matters of public health, but the time is ripe for adding a chapter on this subject.

I quote from a recent writer:

> It seems that nations are beginning to develop a conscience and a sense of justice for the rights of other nations. As a whole the peace movement is another step toward the actual attainment of the ideal perfection of government.

The thought of the writer of the foregoing quotation can find no better illustration than in the incidents connected with the treaty of peace recently effected at Portsmouth.

With this growing sentiment of harmony and fraternity among the nations, there should be developed an international sentiment regarding sanitation and suppression of disease. If, as Tolstoi says, the only substitute for war is religion, international sanitation would be a powerful weapon in the hands of religion, if, indeed, it could not in itself be made a substitute for war. It surely would furnish a plane upon which nations might meet, and a more worthy object than war for the expenditure of energy and money.

I have before given expression to some of these thoughts, but have deemed them particularly appropriate to this occasion. It remains for me only to express the hope that this Second Convention will be fruitful for good, that it will bring us still nearer together and make us all feel that the interest of one country is in reality the interest of the others, most particularly in matters relating to the public health.

The PRESIDENT (continuing). Gentlemen, we have with us the distinguished Secretary of State, whom I have the pleasure of introducing to bid you a few words of welcome. I have the honor of introducing to you the Hon. Elihu Root.

ADDRESS OF WELCOME BY THE HONORABLE SECRETARY OF STATE, ELIHU ROOT.

Mr. President and gentlemen: It is a pleasure and an honor to welcome you to Washington in behalf of the Government of the United States and to extend to you an expression of the good wishes of our Government for the success of all your deliberations.

It is a matter of sincere satisfaction to the people of the United States that the soil of our country should be found a favorable place for all the agencies of peace, of justice, of humanity, that the atmosphere which is breathed here should be one favorable to kindly feeling among all the peoples of the earth. We would rather contribute to the saving of life than to the destruction of it. I do not know that we have any reason to believe that the individual intellect of man is any more powerful now than it was 2,000 years ago; but there is reason to believe that the growth of organization among men is now furnishing to individual human intelligence a platform upon which it may stand and from which it may take its departure toward the accomplishment of results that were impossible to the men of past ages, however powerful their intelligence may have been. And there is reason to believe also that the human intelligence is capable of far greater accomplishments under the magnetic influences of association with other minds alive to the same interests and seeking the same end. That you may promote the great work of elevating the standard from which you yourselves and your fellows and your successors may take new departures for the accomplishment of great things for humanity, that you may feel and may communicate this magnetic influence which tends to promote the successful activity of human intelligence is my sincere wish.

I believe that almost all of the wars, the controversies, the bitterness between nations, result from a want of good understanding, from the failure by the people of one nation to truly understand and appreciate the people of another nation; that the true cure and preventive of national controversy is acquaintance, personal good relation and friendship among the individual people of the two countries; and nothing, certainly, can contribute more to the good relations which ought to exist between all the peoples of the Western Hemisphere than to have the men who represent, as you represent, that humanity which is superior to all national interests, to all national divisions, know each other and understand each other.

You have our very best wishes and our thanks for honoring us by your presence here in the interest of that common humanity for which we all join in the most sincere wishes and the most devout prayers. [Applause.]

The PRESIDENT. As is well known, the Public Health and Marine-Hospital Service of the United States is a Bureau of the Treasury Department, and we have with us this morning the Acting Secretary of the Treasury, whom I have the pleasure of introducing to you—the Hon. Horace A. Taylor. [Applause.]

REMARKS OF HON. HORACE A. TAYLOR, ASSISTANT SECRETARY OF THE TREASURY.

Mr. President and gentlemen: As acting head of the Treasury Department, of which, as the Surgeon-General has told you, the Public Health and Marine-Hospital Service is one of the prominent bureaus, I join with the Secretary of State, who represents all the Government, in extending to you a cordial welcome to Washington.

We have here, as many of you know, in this capital city a great many distinguished visitors every day and all the time, coming here for business or for pleasure, and of late years this has come to be a

popular place where many associations devoted to the diversified activities of life hold their conventions, and we are always glad to see them here whether they are citizens of our own country or whether there are, as is the case with this convention, other countries represented.

I trust, gentlemen, that this convention which you are about to hold will result as those which have preceded it have resulted—in doing great good. Your convention is not as large as many that assemble here, but there is none that has higher objects to attain than you have. The methods which you are to discuss, the questions that come before your consideration, are those which affect the very highest interests of the community. Nothing is so dear to every man, woman, and child in all the earth, no matter from what country he comes or what tongue he speaks, as his health, and you are here as the result of the progress that has been made in medical science during the last few years. You are here not to consider questions of disease, but you are here to prevent disease, and certainly we all know, as the old adage says, that an ounce of prevention is worth a pound of cure. And so I am glad to know that the medical world and that men eminent in the profession, as you gentlemen before me are, are directing their attention not to curing people after they become ill so much as to prevent them from becoming ill.

As Secretary Root well said, great results flow from organization. It is organization and association and discussion and agitation that are the most beneficent agencies in the world. Stagnation is forever the enemy of progress, just as in the natural world it is a menace to healthful existence. In nature and in society, in government and in business, in the sciences, professions, and all the activities of life, it is agitation that brings reform and safety. We are told, Mr. President, that there is but one sea in all the world whose waves are never breaking on the shores. It is the Dead Sea. Its waters are forever still, and there you find stagnation and disease. It is after the storm, the thunder and lightning, and the gale that come the pure air and the sunshine and the song of the birds.

I want to thank you for selecting one of the prominent officials of the Treasury Department, Surgeon-General Wyman, and honoring him with the presidency of this association. He has well earned the distinction, for those of us who come in official or personal contact with him know that he is forever wide-awake to every movement that has for its interest the promotion of the public health [applause], and you well know in these very recent days, when a portion of our country has been scourged with the yellow-fever epidemic, his efforts for its suppression have met with notable success.

We are glad to see you here and we hope you will have a good time. I assure you you will meet with the most cordial hospitality and the best wishes of all our citizens and they will unite with me in expressing the hope that your deliberations will result in adopting such methods and in the establishment of such principles as when put into force will be of great benefit to the public health of the various countries and communities that you represent. [Applause.]

The PRESIDENT. The Secretary of State and the Acting Secretary of the Treasury seem to think that when they delivered their speeches they might go. I wish to say for the benefit of the next speaker that we would like very much to have him remain, and I am sure

you will agree with me when you know who he is. We have with us one of the board of directors of the Bureau of the American Republics, who on behalf of that very efficient and useful Bureau will give us an address. I refer to the Hon. Gonzalo de Quesada, minister to the United States from Cuba, and I take great pleasure in introducing him to you.

REMARKS OF MINISTER QUESADA, OF CUBA.

Mr. President, gentlemen and ladies of the Second Pan-American Sanitary Conference: I thank your chairman heartily for this opportunity he gives me of addressing a few words to the delegates of the Second Pan-American Congress in the name of the governing board of the American Republics. It was this same high privilege which I enjoyed two years ago when you met for the first time, and the prophecies then made as to the result of the labors you then initiated have turned out gratifying realities. You have brought together by the better acquaintance of their sanitary conditions and understanding between their respective boards of health, by the tolerance and sympathy in the common effort, the countries here represented, in a most commendable and sincere spirit of mutual respect and confidence.

In the past there might have been distrust in the methods pursued in various nations or a self-pride far from conducive to the high aim of scientists; to-day there is collaboration and friendship and the best of feeling among the distinguished physicians in whose hands is the care of the lives and interests of these free communities.

Were this the only outcome of the happy idea of these conferences it would by itself constitute a glory for those who planned them and for those who have put in fruitful practice its inspirations.

But more has been accomplished, the interchange of honest differences of opinion, their thorough discussion, and the subsequent publicity given your papers and transactions have undoubtedly contributed to the propagation of scientific sanitary measures and the actual adoption of prophylactic and preventive methods recommended by you.

In this respect we have reasons for warm praise. The wise directions of some members of this conference who are here present have caused changes worthy of the most cordial commendation, and I am sure I am only voicing the sentiments of all present with the same enthusiasm you showed before for my native country, when we extend our felicitations to the representatives of Mexico who have made such progress, since our last meeting, in the eradication of yellow fever in that progressive and beloved sister Republic. [Applause.]

And the theories advocated by you have not only been practically tested there and in other places, but also during these last months in some points of the Southern States of this Union with the sufferings of which our hearts are in unison. Our vows are that shortly they shall cease to be sources of concern. But even in this misfortune some consolation and useful purpose are to be found, for not only have the theories advocated by you been tested and found true, and important researches are being made by American investigators which we hope will contribute to increase our knowledge of

the disease, but we have seen the comforting spectacle of physicians from other countries come to share with you the difficulties of the struggle and to help in the magnificent task assumed by your authorities, of which our chairman is the illustrious head. An example of real human interest which were it to be followed in other phases of international relations would contribute to the attainment of the supreme ideal of mankind, universal brotherhood.

Gentlemen, in that spirit and under the ever-conquering banner of science which knows of no frontiers, race, nationality, or time, but which has for adversaries only ignorance and error, let us commence this Second Pan-American Conference, assured beforehand that it can have only one end—the pursuit of truth and the advancement of the welfare of humanity. [Applause.]

The PRESIDENT. I will request Doctor Ulloa, of Costa Rica, to act as temporary secretary of this convention and will request that he call the roll of Republics, and as the name of the Republic is called I will thank the delegates or one delegate to arise and announce the name of the delegate and leave a card with the secretary, or his credentials, which will be turned over to the advisory council.

The Director of the Bureau of American Republics informs me that we have a book here in which at your leisure you are requested to register your names.

(The same request and announcement were made in Spanish by Doctor Ulloa.)

The PRESIDENT. Before proceeding with the roll call, I take the privilege of inviting the attendance upon this meeting, he being here and interested in this work, a very distinguished representative from Japan; I would like to present to you Doctor Suzuki, surgeon-general of the navy of Japan. [Applause.]

The acting secretary called the roll and the following delegates were present:

Republic of Chile: Dr. Eduardo Moore.

Republic of Costa Rica: Dr. Juan J. Ulloa.

Republic of Cuba: Dr. Juan Guiteras and Dr. Enrique B. Barnet.

Dominican Republic: Sr. Emilio C. Joubert.

Republic of Ecuador: Sr. Serafin S. Whither and Dr. Miguel H. Alcivar.

Republic of the United States of America: Dr. Walter Wyman; Dr. H. D. Geddings; Dr. J. F. Kennedy; Dr. John S. Fulton; Dr. Walter D. McCaw; Dr. J. D. Gatewood; Dr. H. L. E. Johnson.

Republic of Guatemala: Dr. Joaquin Yela.

Republic of Mexico: Dr. Eduardo Licéaga.

Republic of Nicaragua: Dr. J. L. Medina.

Republic of Perú: Dr. Daniel Eduardo Lavorería.

Republic of Uruguay: Sr. P. Requena Bermudez.

Republic of Venezuela: Mr. Nicolás Veloz-Goiticoa.

The PRESIDENT. Gentlemen, we have with us one who helped to make our last convention successful, whose interest in it was marked, and whose efficiency in the conduct of such conventions as this has been shown on many occasions, and one who is now heart and soul with us in our effort to make this an effective convention. I refer to the recently appointed Director of the Bureau of the American Republics, and I have the honor of introducing to you Mr. W. C. Fox, Director of the Bureau of the American Republics. [Applause.]

REMARKS OF HON. W. C. FOX, DIRECTOR OF THE BUREAU OF THE AMERICAN REPUBLICS.

Mr. President and gentlemen: I fully appreciate the distinguished honor of being called upon on this occasion. By sufferance of the honorable representatives of the International Union of the American Republics I, for the moment, fulfill the functions of Director of the International Bureau of the American Republics.

While apparently the fabric which holds this union together is of such fine and delicate texture that one would think the slightest element of discord would tear it asunder, the very fact of its existence under these conditions is an assurance of its permanency.

If I understand the reasons for an International Union of American Republics aright, it is not to create harmony—but the union exists because there is harmony. That harmony is a fact for the reason that the distinguished men who control the destinies of the various Republics are in mutual accord; and I believe, without fear of contradiction, that this union is supported no more heartily than by the giant brain, the strong arm, and courageous heart of the President of the United States.

Mr. President and gentlemen, we have come together here to again show our fealty and loyalty to the interests of the American continent. We are here carrying out in part the dictates of the First International Conference of the American Republics, held in this city in 1889, and those of the Second American Conference held in Mexico in 1901. We have already met together two years ago, and now are forging another link in the chain which binds the American Republics so firmly together.

I do not feel that I can add one word to what has already been said, except that it becomes my duty now to acquaint you with what in a modest way we have attempted to do for your comfort while you are with us here in Washington, and with your kind permission I will read the programme.

Luncheon will be served to-day and every other day during the sessions of the convention, to which you are cordially invited.

This afternoon at 3.30 o'clock we will meet here and take an automobile to visit the new filtration plant in connection with the water service of this city.

On Wednesday, October 11, through the courtesy of the Secretary of the Treasury, an excursion will be given on a revenue cutter down the Potomac River. The party will go to Indian Head and Mount Vernon, returning to the city before dusk.

It seems to me that it will be more practicable if we should meet in this room at 9.30 o'clock and proceed in a body to the wharf where the revenue cutter will be in waiting.

The management of the Bankers' Convention, which is being held simultaneously with ours, have very courteously sent invitations to the delegates to attend the reception at the Corcoran Art Gallery on Wednesday evening and the general reception in this hotel on Friday evening next.

Dr. H. L. E. JOHNSON. Mr. President, I move that the following physicians and others be entitled to the floor:

Dr. George M. Kober, Washington, D. C.

Surg. Preston H. Bailhache, Public Health and Marine-Hospital Service.

Dr. Reid Hunt, pharmacologist, Public Health and Marine-Hospital Service.

The president of the Navy Medical School, Washington, D. C.

The president of the Army Medical School, Washington, D. C.

The Surgeon-General, United States Navy.

The Surgeon-General, United States Army.

Surg. Gen. George M. Sternberg, U. S. Army (retired).

Dr. Ch. Wardell Stiles, zoologist, Public Health and Marine-Hospital Service.

Dr. William C. Woodward, health officer of the District of Columbia.

Surgeon-General Suzuki, Imperial Japanese Navy.

Prof. H. C. Wood, Philadelphia, Pa.

The motion was seconded; and the question being taken, was unanimously agreed to.

The PRESIDENT. This afternoon we have an invitation to inspect the filtration plant here in Washington. I think it will be well worth our while, because it is a plant to purify the Potomac River water for drinking purposes and it is one of the most up-to-date works of that kind. I am sure it will be worth a visit. We are to start at half-past three, as Mr. Fox informs us, in automobiles from the New Willard Hotel.

The only thing that remains to be done, so far as I can see and so far as I know your wishes, is to appoint a committee on organization to determine how this present convention shall be conducted, and if some gentleman will make a motion that such committee be appointed I will put it and the committee can be preparing their report between now and the meeting to-morrow morning.

Dr. H. L. E. JOHNSON. I move that such a committee be appointed by the chairman.

The motion was numerously seconded; and the question being taken, it was agreed to.

The PRESIDENT. I appoint on that committee Doctor Licéaga, of Mexico; Doctor Moore, of Chile; Assistant Surgeon-General Geddings, of the Public Health and Marine-Hospital Service, and Major McCaw, of the Army, and I will ask these gentlemen to remain after the adjournment.

Doctor GUITERAS. Mr. President, I move that Dr. Juan J. Ulloa be made secretary of this convention.

Several DELEGATES. I second the motion.

The question was taken and Doctor Ulloa was elected secretary.

The PRESIDENT. I wish to add Doctor Guiteras to that committee on organization, making five members in all.

This completes the programme for this morning, but if there is any delegate that has any particular matter to bring before the convention we will be glad to have him do so.

Doctor GUITERAS. I move we adjourn until 10 o'clock to morrow morning.

The question was taken and the motion was agreed to.

SECOND DAY—TUESDAY, OCTOBER 10.

Morning Session.

The convention was called to order by Dr. Eduardo Moore, presiding, at 10.20 o'clock a. m.

Doctor MOORE. As chairman of the advisory committee I will now call the convention to order, and I will ask Doctor Ulloa to read the resolutions adopted by the committee appointed yesterday.

The resolutions were read by the secretary, as follows:

(1) *Resolved*, That the name of Surgeon-General Wyman be presented to the convention as president for this meeting, and that the name of Dr. Eduardo Licéaga be presented to the convention as president of the next convention, and that Dr. Juan J. Ulloa be nominated as permanent secretary.

(2) *Resolved*, That the convention be held every two years.

(3) *Resolved*, That the next meeting be held in the City of Mexico in December, 1907, subject to the call of the International Sanitary Bureau.

(4) *Resolved*, That immediately upon the completion of the organization the president recognize Dr. Eduardo Licéaga for a statement of general interest.

(5) *Resolved*, That the committee suggest that reports of the Republics of great length should be abstracted for presentation to the convention. The full papers will be published in the transactions.

Doctor GUITERAS. Mr. Chairman, I move that these resolutions be taken up one by one and presented to the conference seriatim.

The motion was seconded.

The question was taken and the motion was agreed to.

The SECRETARY. The first resolution is:

Resolved, That the name of Surgeon-General Wyman be presented to the convention as president for this meeting, and that the name of Dr. Eduardo Licéaga be presented to the convention as president of the next convention, and that Dr. Juan J. Ulloa be nominated as permanent secretary.

Doctor GUITERAS. I move that this resolution be adopted.

The motion was seconded.

The question was taken and the motion was agreed to.

The chair was here assumed by Surgeon-General Wyman.

The PRESIDENT. Gentlemen, I wish to thank you for this renewed honor. Personally, it would have been more acceptable to me if some other delegate had been elected, and had been given this honor for this meeting. It seems, however, that the presiding officer should be a native of the country in which the convention is held, and inasmuch as he naturally has an oversight of the preparations for the meetings and is more intimately connected with the details of the programme than others could possibly be, on that account I am pleased to accept this great honor which you have again tendered me.

The next resolution is:

Resolved, That the convention be held every two years.

Are you ready for the question?

The question was taken and the resolution was agreed to.

The PRESIDENT. The third resolution is:

Resolved, That the next meeting of the convention be held in the City of Mexico in December, 1907, subject to the call of the International Sanitary Bureau.

Are there any remarks on that? If not, we will vote upon it.

The question was taken and the motion was agreed to. Doctor Licéaga here addressed the convention in Spanish, his remarks being translated by the secretary, Doctor Ulloa. He thanked the convention for the honor done his country in resolving to hold the next sanitary convention in the City of Mexico. He confessed himself very highly pleased with this solution of the question, because the Second Pan American Congress was held at the City of Mexico, and there in that meeting resolutions were adopted, one of which was for the meeting of the International Sanitary Congress. He extended his thanks for the courtesy and hoped that the success of this convention would tend yearly to the strengthening of the ties that unite all the countries of this continent. He spoke very highly of the modern ways of uniting different countries and bringing them together in intellectual, social, and moral matters which he believed are the strongest means of accomplishing all those ends at which the highest motives of nations aim.

The PRESIDENT. I will read the fifth resolution before the fourth.

Resolved, That the committee suggest that reports of the Republics, of great length, should be abstracted for presentation to the convention. The full papers will be published in the transactions.

The question was taken upon the resolution, and it was agreed to.

The PRESIDENT. The fourth resolution is:

Resolved, That immediately upon the completion of the organization, the president recognize Dr. Eduardo Licéaga for a statement of general interest.

The question was taken upon the resolution, and it was agreed to.

The PRESIDENT. The resolution was carried; we will now hear from Dr. Licéaga.

Doctor Licéaga here read in Spanish his address. (See Appendix, page 111.)

The PRESIDENT. Gentlemen, you have all heard this interesting paper of Doctor Licéaga, and the matter is now open for discussion. We will be very glad to hear from any member who wishes to speak on the subject.

I would further say that if it meets with the approval of Doctor Licéaga, this matter, after discussion, will be referred to the advisory council, where it will be taken up in detail, and worked out and presented again to the convention. That was the order of procedure of last year, and I suppose it is agreeable to all that it should be the order this year; but we would like to have expressions, without any vote being taken, or any resolutions being offered just now. We would like to have expressions from any of the delegates who would like to speak on the subject to express their views.

Doctor GUITERAS. As you ask that an opinion be expressed, I would like to say that undoubtedly our colleague from Mexico is right when he says that we should begin as soon as possible, and that we should undertake the getting up and finishing of sanitary regulations that should govern uniformly the Western Hemisphere. That is certainly the object for which we have been sent here. At the same time

it appears to me that at the present moment we are not quite prepared to do that. It seems to me that we may prepare for that during the next year. We should have had presented, it seems to me, before this meeting, a sort of a plan of an organization or *reglamento* of that kind. It seems to me we could act at the present meeting in this way; that we might instruct the present committee on organization to present to the representatives of the different Republics at this convention the outline of the plan of such an arrangement between the different governments, and the present committee having presented such a plan we would have one year to study it, and we would come to Mexico, to the next convention, prepared and ready to present such an agreement.

Doctor Licéaga here addressed the convention in Spanish.

Doctor GUITERAS. I suppose that I should repeat what I have just said in English to the Convention in Spanish, so that those who speak Spanish may understand the drift of what is being said.

The PRESIDENT. Certainly.

Doctor Guiteras here repeated in Spanish the last preceding remarks which were made in English.

Doctor GUITERAS. Doctor Licéaga has said that he objects to my remarks. He states that I seem not to have understood what he proposes to do. He does not think we are ready to come to a very definite conclusion or to establish a sanitary convention of science positively; but he thinks that we should give more force to such things as we may have agreed upon at the last meeting, and may agree upon at this meeting. They seem to stand now in the air, but they are not enforced, although we have accepted them; and he thinks that we ought to give them validity and weight in some way.

The PRESIDENT. I beg leave to state that these resolutions which we adopted at the last convention have been carried out in practice by the United States Public Health and Marine Hospital Service. I can not say that they have been carried out by every State of the United States, but we have lived up to them ourselves as faithfully as we could. And in this connection I think it would be interesting to hear from one of the delegates from the United States, who was a member of the international conference, with regard to plague, in Paris in 1903, where an agreement such as I think Doctor Licéaga has in his mind was actually prepared, which agreement has been put in the shape of treaties, and has been confirmed by the several countries, or by a number of them, at any rate. I can not say at once whether all the countries who sent delegates to that conference have adopted formal treaties, *or made formal treaties or not*, or subscribed to this treaty; the United States has, I understand.

There was some question about one detail, but it was arranged by the State Department, and the United States Government has been committed to it, with one exception. That agreement covers all the points with regard to quarantine, observation, detention and so forth, very perfectly, and yet in general terms so that it could be adopted by all the countries. I think that with your permission I will request Doctor Geddings, who has a translation of that convention, to bring it to the advisory council for consideration when we discuss this matter; and it might be that we might save ourselves a great deal of trouble, and practically cover these subjects

under discussion, by taking that up and making it a part of our agreement.

I would like to call upon Assistant Surgeon-General Geddings to make a little statement as to that convention, as to what countries were represented and where it was held, and the final action taken as to its findings.

Doctor Licéaga here asked leave of the president to make a short statement, which he did, in Spanish. His statement was translated into English by the secretary, Doctor Ulloa. He said with reference to what General Wyman had just said, that he wished to express the great satisfaction he had in acknowledging that the United States has really complied with all the resolutions taken in the previous sanitary conference; but he intimated that the United States has really fulfilled all the suggestions of the congress because it wanted to. He said that he would much prefer that a country should comply with the proper hygienic requirements, not because it wants to but because it is obliged to, and he would like to have those requirements complied with according to the resolutions taken at the previous meeting.

Doctor GEDDINGS. Mr. Chairman and gentlemen: In accordance with the request of the chairman, I would beg to outline as well as I can, from memory, and as briefly as the occasion requires, the results of the International Sanitary Conference of Paris of 1903, which assembled in Paris in October of that year and remained in continual session until December.

This convention interested itself particularly with the questions of plague and cholera. The members of that convention committed themselves to several important declarations. In regard to plague, they held the bold and perfectly justifiable conclusion that plague was transmissable only by the dejections, by the discharges, and by soiling of articles and of apartments with the secretions or excretions of those sick with the plague; that merchandise itself was incapable of conveying the plague and was only dangerous when it had served as a vehicle for plague-stricken animals, or was soiled by the discharges of those sick with plague.

The same was held with regard to cholera; that a vessel, an apartment, or merchandise, was dangerous from the point of view of communicability of cholera only when soiled by the discharges of those previously sick with the disease.

I would say that the convention lent itself very strongly to what was a practical abolition of quarantine, namely, they divided vessels into three categories—safe, suspected, and infected. To go into the definitions coming under those categories would take too long; but their regulations as to what constituted a suspected or infected vessel were in the main more lenient than we of the United States have been in the habit of holding. The quarantine measures proposed by the convention were efficacious, could they be carried out in their entirety; but their safety depends upon the absolute integrity of the measures directed against a disease in question. The slightest slip, the slightest dereliction, the slightest neglect, would possibly produce a catastrophe. In view of this fact, the United States found itself bound to dissent from the findings of the convention, and became signatory to the results, with this in its way. We can not under our laws and under our system recognize surveillance

as the equivalent of observation, surveillance meaning that the vessel arriving with those on board suspected of having the plague, or those on board who have had plague, and those who are exposed to the infection, those passengers should be allowed to proceed to their destination, and be observed there by local authorities, or be obliged to report from time to time until the period of the incubation of the disease has passed. As we understand observation, we direct our measures against a vessel, but detain the personnel and hold them under observation. The delegates for the United States dissented from the plan of surveillance, and the United States has since become signatory to the convention of Paris, with the exception that observation must be substituted for surveillance wherever it occurs in the convention. In the matter of yellow fever, it is to be regretted that the representation of the Western Hemisphere was confined to the United States, the Argentine Republic, and Brazil. There was a very determined effort made to get the convention of Paris to commit itself definitely on the question of yellow fever. You will remember that this was two years ago. Were the convention to be held to-day the action might be different; but the convention declined to put itself on record or to formulate definite regulations as to yellow fever, and contented itself with the simple declaration that in the matter of yellow fever it was recommended to the powers interested to amend their regulations in accordance with the recent scientific discoveries on the subject. After considerable deliberation this view was acceded to by the delegates of the Argentine Republic and Brazil. It is my belief that the convention of Paris has adopted the firm and safe basis for a stable international agreement.

I will take great pleasure, as directed by the chairman, in submitting to the committee on organization the text of the convention in print and a translation, which I made upon my return, into English, which I think will answer the purposes of the committee.

The PRESIDENT. Are there any further remarks on this subject?

The SECRETARY (Doctor Ulloa). With reference to the point in discussion about the petition of Doctor Licéaga, I have the honor to say that I agree fully with Doctor Licéaga. I agree with him as to the fact that we are here not only to discuss different points in connection with sanitary science and to attend to this convention with the interest and with the pleasure which we always have in attending scientific congresses, but to come to some agreement of a practical nature. Our representation here is a combined one, if you will allow me to express it so. It is a scientific and a diplomatic one, as I would put it. I understand that the majority of us came to the previous convention, and also to this one, with full powers from our respective governments to sign *ad referendum* any agreement that we may come to. Our governments in sending us here have full confidence in us, and they have authorized us to come to agreements and to vote in accordance with our judgment on the scientific problems to be discussed here. We are authorized to sign agreements on sanitary matters; but of course we have to submit them the approbation of our governments afterwards—that is to say, we are authorized to sign *ad referendum*.

I agree with Doctor Licéaga and with Doctor Guiteras in the opinion that we might sign the resolutions which have been already taken, based on scientific facts which have been already demon-

strated. The resolutions of the last sanitary convention cover, I believe, all the ground as far as yellow fever is concerned. Now we are going to discuss other important subjects, plague particularly, and I have no doubt that we shall, some of us, at least, learn a good deal from the discussions that will take place about said disease. I feel as if I was not justified yet in signing anything in regard to bubonic plague; but after I have heard your discussion of the subject I will learn a good deal more about it, and I shall feel wholly empowered to sign any agreement that we may come to. (Applause.)

Doctor Lavoreria here addressed the convention in Spanish, his remarks being translated by the secretary, Doctor Ulloa, into English.

Doctor Lavoreria, after running over one by one the different clauses pointed out by Doctor Licéaga of the resolutions of the Second Pan-American Conference in Mexico, expressed the view that although Peru was not represented at the last sanitary convention for reasons that he did not deem it necessary to enumerate, they have agreed in everything that was resolved at the last conference, and he said that several executive decrees have been dictated in Peru making lawful the different resolutions of the last sanitary congress. He said that they have the national board of health, which makes all the different rules and regulations in regard to hygiene, and that those regulations are obligatory in all sections of the country. He said that he accepts Doctor Licéaga's propositions, and that one of the principal wishes of the Government of Peru is that we shall come to some agreement by which all the different countries of the continent may be bound by uniform sanitary regulations. He said that there was a decree emitted binding Peru to all the different regulations, among which he mentioned the International Sanitary Bureau. He went into some details as to the resolutions cited by Doctor Licéaga, which have been read by all the members of the convention, and which it is not necessary to translate here.

Mr. Withers addressed the convention in Spanish, his address being translated into English by the secretary, Doctor Ulloa.

Mr. Withers agreed also with the proposition of Doctor Licéaga. He signified that the Republic of Ecuador had accepted the resolutions adopted by the First Sanitary Convention at Washington, and he believed in the full observance of all their provisions. He said that Ecuador had the good fortune of being free from the bubonic plague.

He entirely agreed with Doctor Licéaga, and hoped in the name of his country that an agreement might be signed by this convention binding all the different countries of the continent.

Doctor Alcivar addressed the covention in Spanish, his remarks being translated into English by the secretary.

Doctor Alcivar expressed his opinion in entire accordance with Doctor Licéaga's opinion. He said that he believed it very important that all of the delegates here present should return to their countries carrying with them a signed agreement binding the different countries to the methods according to the resolutions of this congress.

Doctor Medina agreed also with Doctor Licéaga's proposition.

Doctor Moore addressed the convention in Spanish, his remarks being translated into English by the secretary.

Doctor Moore said that he also agreed with Doctor Licéaga and stated that he believed all the delegates to be in accord with this opinion. He said he believed that such opinion should form a part of the convention which should be signed at this meeting and submitted to the respective governments. He said that he thought the discussion had been carried a little too far, and he believed that it would be better to submit a resolution to the advisory committee to the effect that a convention should be signed and then submitted to the respective governments.

Doctor Licéaga here addressed the convention in Spanish, his remarks being translated into English by the secretary.

Doctor Licéaga said that he felt very fortunate and very happy in hearing the opinions expressed by the several delegates here present, and he remarked that he did not care what the governments might do: but that he wanted all who were here present and who might be convinced of the truthfulness and effectiveness of the resolutions here taken to demonstrate it practically by signing their names to the resolutions and complying with their duty in that way, and then he wanted them sent to their respective governments, and if the governments approved them, very well, and if they did not, so much the worse; but the delegates would have complied with their duty.

The PRESIDENT. Are there any more remarks on this subject? If not, before the closing of this matter I would request some gentleman to make a motion to the effect that the organizing committee which was appointed yesterday should be continued as the advisory council; or if any other plan suggests itself to anyone I would be pleased to hear from them. But otherwise we have not an advisory council to which to refer all papers, resolutions, and reports.

Dr. H. L. E. JOHNSON. I move that all the matters arising before the convention be referred to the committee on organization appointed yesterday as the advisory council.

The motion was seconded.

The question was taken and the motion was agreed to.

Doctor GUITERAS. May I make a motion now?

The PRESIDENT. Doctor Guiteras.

Dr. GUITERAS. I do not know whether this is the proper place, or whether I should bring this up before the advisory council, but I believe that at the last meeting we had vice-presidents appointed.

The PRESIDENT. Yes, sir.

Doctor GUITERAS. And would it not be proper now to have vice-presidents appointed from the different Republics?

The PRESIDENT. We shall consider Doctor Guiteras's motion as soon as the matter under discussion is disposed of. A resolution should be made referring Doctor Licéaga's paper to the advisory council. If there is no dissent this matter will be referred to the advisory council to be reported on. Is that agreeable to Doctor Licéaga?

The remarks of the president were translated into Spanish by the secretary, and Doctor Licéaga signified his assent.

Doctor GUITERAS. I move that vice-presidents be nominated.

The PRESIDENT. In open meeting or by the committee?

Doctor GUITERAS. I move that it be referred to the committee.

The PRESIDENT. I hear no objection, and therefore the motion is announced as passed.

The scientific programme reads:

1. Reports by a delegate from each Republic. These reports should include (a) reports on prevalence of diseases, with special reference to plague, yellow fever, and malaria, since January 1, 1904, being approximately the date of adjournment of the last convention; (b) a summary of all quarantine and sanitary laws enacted since the first convention; (c) special sanitary work in progress or in contemplation. These reports are to be rendered in behalf of each Republic, or each division of the subject may be committed to a delegate for presentation. A written report is requested for publication.

In accordance with this programme we will call upon the Republics by name, and request the delegates to make verbal reports; or if they have briefs or written reports to present them, so that we may, during the day, hear from the Republics on the topics mentioned in this paragraph.

In accordance with that, we will call first upon Chile.

Doctor GUITERAS. I make the suggestion that perhaps it would be better to begin the hearing of these reports during the afternoon meeting, as the executive committee has to meet before lunch, and it will be difficult to find the time for the executive committee to meet if we prolong this session. I therefore move to adjourn, and to take up these different reports of the Republics in the afternoon session.

The motion was seconded.

The PRESIDENT. Before I put the motion to adjourn I would like to say that there are two or three announcements to make. The secretary will make these announcements.

(The secretary here made announcements of various invitations extended to the members of the Sanitary Convention.)

The PRESIDENT. We have here a number of copies of the revised edition of the report of Dr. L. O. Howard on the prevalence of the Stegomyia mosquito in the United States, and the regions in which it prevails. It has been of great use to us in managing the yellow fever epidemic in the South this year. It shows where the *Stegomyia* mosquito prevails. Doctor Howard is chief entomologist of the United States Department of Agriculture, and is also consulting entomologist of the United States Public Health and Marine-Hospital Service, and for that reason I would like him to be present and to have the courtesy of the floor during our meetings. He may be able to give us some little talk on the yellow-fever mosquito.

Doctor GUITERAS. I move that the privilege of the floor be extended to Doctor Howard and also to Dr. James Carroll. I do not think that this was done in regard to these two gentlemen yesterday.

The motion was seconded.

The question was taken, and the motion was agreed to.

The PRESIDENT. It is carried, and I will request the secretary to notify those gentlemen.

In the absence of the Director of the Bureau of American Republics, Mr. Fox, I wish to make an announcement in regard to to-morrow, so that it will be perfectly plain to you all. We are to meet here and about this neighborhood in the hotel, in this room or in the lobby of the entrance on F street, and we will start from that side of the hotel, because on Wednesday morning there will be a great many members of the American Bankers' Association in the hotel, that association meeting on that day, which will cause the other lobby to be crowded. We will start from here at half past 9 and go to the wharf at the foot of Eleventh street. The steamer is expected to leave the wharf at 10

o'clock, and we will be gone all day, visiting various points down the Potomac River, Mount Vernon, and other points. Of course, it is expected that all the delegates and the ladies and invited guests will be present. We expect to be gone all day, returning about dusk.

If there is no other motion to put before the convention, the motion of Doctor Guiteras to adjourn, which has been seconded, will be put to you. The motion is to adjourn until 3 o'clock this afternoon.

The question was taken, and the motion was agreed to.

Thereupon the convention adjourned until 3 o'clock p. m.

Afternoon Session.

The convention was called to order by the president, Surgeon-General Wyman.

The PRESIDENT. The first order of business of this session will be the reading of the minutes of the first meeting.

(The minutes of the first meeting of the convention were read by the secretary.)

Doctor GUITERAS. I move that the minutes be adopted as just read.

The PRESIDENT. Before that motion is seconded, or put, I want to say that I think there were one or two names left off of persons who were invited to the floor. Dr. J. F. Anderson was one. He is assistant director of the hygenic laboratory, United States Public Health and Marine Hospital Service. With the consent of the convention his name will be added to the official list of persons entitled to the privilege of the floor.

You have heard the minutes, and it is moved and seconded that they be adopted as read.

The question was taken, and the motion was agreed to.

The PRESIDENT. Before proceeding further, I noticed when the minutes were being read that on the committee of organization, which you by resolution this morning have made the advisory council, there was one member omitted who ought, I think, in the broadened scope given to the committee to be included, and I think that his name should be added now, because we have two of the medical departments of this Government represented, and it was by an oversight that one was not put on originally. With your assent I would like to add an officer of the United States Navy on that committee, Doctor Gatewood, who is the delegate from the Navy.

Doctor GUITERAS. I make the motion that Doctor Gatewood be included on the advisory council.

The motion was seconded, and the question was taken and the motion was agreed to.

The PRESIDENT. I wish to say that our guests are expected to go with us when we have our social occasions, particularly on the excursion to-morrow down the river to Indian Head and Mount Vernon.

Before we begin the proceedings of the afternoon, I might ask if any delegate has any special measure, or any special remarks that he wishes to make. If not, we will begin with the call of the Republics, in accordance with the provisional programme. I suppose that every member has a copy of this provisional programme—the scientific programme—the first paragraph of which was read this morning, and

I will not read it over again, but I will proceed to the call of delegates. I will ask the secretary to call them in alphabetical order.

The SECRETARY. Chile; Dr. Eduardo Moore.

Doctor Moore here read his report as delegate from Chile, in Spanish, and his remarks were translated by the secretary into English. (See Appendix, p. 115.)

Mr. Withers moved that to save time all the reports from the different Republics be handed to the secretary without reading them.

The PRESIDENT. You have heard the motion that the papers should not be read, but that each delegate should give a brief extempore abstract of what his paper contains, stating what it is about and what he shows.

Doctor GUITERAS. I understand that is what we had decided upon at the meeting of the council, or organization committee, that brief abstracts should be read. I do not think that will require much time.

The PRESIDENT. That was passed by the convention, was it not?

Doctor GUITERAS. Yes, sir.

The PRESIDENT. That will be the understanding, then. Next, we will have the report from Doctor Ulloa, the delegate from Costa Rica.

Doctor Ulloa read his report in English. (See Appendix, p. 116.)

The PRESIDENT. The secretary will now call on the delegate from Cuba.

The SECRETARY. Cuba; Dr. Juan Guiteras.

The report of the delegates from Cuba was read by Dr. E. B. Barnet, in Spanish. (See Appendix, p. 117.)

The SECRETARY. The Dominican Republic; Señor Don Emilio C. Joubert.

The PRESIDENT. Mr. Joubert requested to be excused to-day, saying that he would be very glad to make the report on Thursday, so that we will defer that report until Thursday. Doctor Joubert was here this afternoon, but was obliged to leave, and he will make his report later. (See Appendix, p. 191.)

The SECRETARY. Ecuador.

The report for Ecuador was read in Spanish by Dr. Miguel Alcivar. (See Appendix, p. 154.)

The SECRETARY. Guatemala.

The report for Guatemala was read in Spanish by Señor Dr. Don Joaquin Yela. (See Appendix, p. 158.)

The SECRETARY. Mexico.

The report for Mexico was read by the delegate, Dr. Eduardo Licéaga, in Spanish. (See Appendix, p. 160.)

The SECRETARY. Nicaragua.

The report for Nicaragua was read by the delegate, Dr. J. L. Medina. (See Appendix, p. —.)

The report for Peru was read by the delegate, Doctor Lavorería, in Spanish. (See Appendix, p. 175.)

The PRESIDENT. Dr. H. D. Geddings will speak for the National Government of the United States.

Doctor Geddings addressed the convention in English. (See Appendix, p. 192.)

Dr. J. S. Fulton, of Maryland, addressed the convention in English. (See Appendix, p. 193.)

The PRESIDENT. The delegates from Uruguay and Venezuela have asked me to put before the convention their excuses for not presenting reports for their respective countries.

The delegate from Uruguay has not yet received all the data required for his report, and he expresses the opinion that he very likely will not present his report, but that he will accept anything that may be carried through in this convention, and that he will appear in the name of his country as a signatory to the resolutions here adopted. (See Appendix, p. 195.)

The delegate from Venezuela could not present his report to-day, but he told me that he would present it in time to be printed in the proceedings of the congress. (See Appendix, p. 196.) I wish to read you a telegram which I have received from Dr. Rhett Goode, as follows:

MOBILE, ALA.

To Gen. Walter Wyman, Chairman, International Sanitary Bureau, Washington, D. C.:

Supervision of existing quarantines prevent my attending convention. The most important points to be considered are the spread of yellow fever and the sanitation of cities. Please express to the members my sincere regret and very best wishes for a successful meeting.

RHETT GOODE, M. D.,
President Quarantine Board, Mobile, Ala.

I wish also to announce that the President of the United States will receive this convention on Thursday at 12 o'clock. We will be in session then, and will start about a quarter of 12 to go over and pay our respects to the President.

Doctor GUITERAS. I move that we now adjourn to meet at 10 o'clock on Thursday morning.

Doctor MEDINA. I second the motion.

The question was taken and the motion was agreed to.

Thereupon, at 5.20 o'clock p. m., the convention adjourned until Thursday, October 12, 1905, at 10 o'clock a. m.

THIRD DAY—THURSDAY, OCTOBER 12.

Morning Session.

The convention was called to order by the President, Surgeon-General Wyman, at 10.30 o'clock a. m.

The PRESIDENT. In order that there may be no misunderstanding I wish to announce that we will go to pay our respects to the Preisdent at a quarter before 12. It is desirable that we should have a full attendance at that time.

The minutes of the previous meeting were read by the secretary.

When the secretary had read the portion of the minutes containing the remarks of Doctor Medina, Doctor Medina said: Mr. President, I wish to make a statement in regard to what occurred yesterday. My idea was not in any way to criticise the different boards of health in Central America. My idea was simply that they should be united under uniform rules. I did not mean to criticise anyone individually, but simply to express my opinion that if the system were put under uniform rules for all the Central American Republics, which are so close together, one port being only a few hours from another, there would be a possibility of carrying the undertaking to a better success. It would be far from me to criticise any of the Republics in reference to their ways of handling their boards of health. Each one has done what he has been able to do. Most of them are in pretty good sanitary condition, and the only thing is, it seems to me, that they are working in different directions, without that uniformity which, it seems to me, would be very desirable, and I now wish to submit a paper relating to this subject, which I now hand to the secretary.

The PRESIDENT. Do you wish to substitute this for what you said at the last meeting? Do you wish to amend the minutes to that effect?

Doctor MEDINA. Yes; I wish to withdraw the proposition which I made, and to substitute this.

The PRESIDENT. If there be no objection this paper will be substituted for the one Doctor Medina presented yesterday and it will be printed as a part of the transactions of yesterday. It will be inserted in place of the other.

The secretary then translated the foregoing remarks into Spanish.

The secretary, Doctor Ulloa, then spoke in English as follows:

"I am very glad that my esteemed colleague from Nicaragua, Doctor Medina, has put things in their right place with reference to the unwarranted remarks he made at the last meeting of this convention, and which showed me in a bad light, contradicting in an indirect manner the statements that I had made with respect to the conditions of Costa Rica, which I have the honor to represent here, as far as sanitation and quarantine regulations are concerned.

"The explanations given by Doctor Medina relieve me from the painful duty of protesting in strong terms against the injustice done to Costa Rica in this matter. We do not pretend to have as much in the sanitary line as other more advanced countries, but as I said in my report, we have done some effective work in this respect already, and we hope to go ahead, little by little, and accomplish a good deal before long, as we want to keep abreast, as far as possible, with the progress of sanitary science, which we may say to-day has abolished quarantine in the sense of ignorant interpretation. Central America is a section which comprises five sovereign republics. Three of them have authorized representatives at this conference, and each one of these is the only one who has a right to speak for his respective country. As I am aware of the bad effect that some statements have about our countries, among peoples who unfortunately know very little about us, I beg to conclude by the following remarks, the authenticity of which can be vouched for by anybody who knows anything about my country. In Costa Rica we hold regular Presidential elections every four years, and we have there a complete independence of the different departments of the Government. We have never had in Costa Rica any coercive action of the sword or of unlawful procedures in sanitary matters, and all our health officers are able professional men who perform their duties in a thoroughly consciencious manner, and whose dispositions are duly put in force by our sanitary police."

Doctor MEDINA. I am pleased to hear the remarks of my friend, and I fully agree with him in what he has stated regarding the progress of Costa Rica. It is a little country, but one of the most progressive in Central America. He states that we come here to represent each of us but one country, and I understand him to suggest that we ought to confine ourselves only to the country we represent. I take a different view of that. I do not come here to speak for Costa Rica, because I have no right to speak for it; but being members of a sanitary international congress, if we think a measure could be adopted by which all that region could be benefited, I think we have a right to suggest such a proposition. Whether it be accepted or not is an entirely different question. My proposition is that in some way or other this conference should use its valuable efforts toward securing uniformity of action on the part of these five little republics, so that their boards of health, acting under uniform rules, may act in harmony, so that none of them will destroy or impair the good that a country like Costa Rica is doing. If that can be done, we shall accomplish a great good. That is why I made the proposition I did make the other day. I wish to say that I fully agree with Doctor Ulloa in all his remarks as to the progress of Costa Rica.

Doctor ULLOA. I consider the matter ended. Though we differ slightly as to the details, I consider the incident closed.

Doctor Guiteras moved to dispense with the reading at length of the remarks of the other speakers.

The motion was agreed to.

The secretary resumed and completed the reading of the minutes.

On motion, the minutes as read and amended were approved.

The PRESIDENT. I wish to read now a letter from Doctor Kennedy, one of the delegates from the United States. He says:

I greatly regret to leave this a. m. I must stop off a couple of days in New York City, and have some examinations at home (Des Moines) next Wednesday. I have the press reports of our sessions as held thus far. If you will kindly send me copies containing later reports I will be greatly obliged. I have enjoyed and been benefited by our conference sessions thus far, and only wish I could stay to the finish. I am,

Very respectfully, yours,

J. A. F. KENNEDY.

The PRESIDENT. The secretary has some letters to read.

The secretary read the following:

HEALTH DEPARTMENT OF THE DISTRICT OF COLUMBIA,
Washington, D. C., October 11, 1905.

Dr. JUAN ULLOA,
Secretary International Sanitary Conference,
The New Willard, Washington, D. C.

DEAR SIR: I have the honor to acknowledge the receipt of your letter of the 10th instant notifying me that at the meeting of the Second International Sanitary Conference I was accorded the privileges of the floor. I desire to express my appreciation of this courtesy, and to express, further, my great regret that the pressure of official business has rendered it impossible for me to attend all of the meetings of the convention.

Very respectfully, yours,

WILLIAM C. WOODWARD, M. D.,
Health Officer.

WAR DEPARTMENT,
OFFICE OF THE SURGEON-GENERAL,
ARMY AND MEDICAL MUSEUM AND LIBRARY,
Washington, October 11, 1905.

Hon. JUAN J. ULLOA,
Secretary International Sanitary Conference,
Washington, D. C.

DEAR SIR: I beg to acknowledge the receipt of your letter of the 10th instant conveying an invitation to be present at the meetings of the convention, and extending to me the privileges of the floor. I hasten to assure you of my deep appreciation of the honor, and acceptance of the same.

Yours, very truly, JAMES CARROLL.

The PRESIDENT. Gentlemen, in a very few moments it will be necessary for us to start to the White House to pay our respects to the President of the United States. Before leaving the convention hall for that purpose, I desire to make a short statement with regard to the interest which President Roosevelt has always expressed in the medical profession and in sanitation.

Before starting to the White House I wish to assure you that you will have a cordial reception, and that you will, without doubt, be greeted with words of encouragement as regards the objective aims of this convention. I wish to state that no other President of the United States has publicly expressed so often and so eloquently an appreciation of the character and labors of the physician in regard to his sacred relation to his patients, to his civic duties, and to his labors as a sanitarian. In his address before the Association of Military Surgeons of the United States, his address at the unveiling of the monument in Washington erected to the memory of Dr. Benjamin Rush, at the laying of the corner stone of the Naval Medical School, and very recently before the Association of Physicians of Long Island, his words were words of encouragement and wisdom. He has declared that in military life the surgeon, besides being a

surgeon, bears all the hardships of the soldier and the responsibilities of an administrator; he has declared that the doctor who stands high in his profession in any city counts as one of the most valuable assets in that city's civic work, and that no doctor can be a good doctor or a good citizen unless he does his duty by the state, and that doctors must personally pay attention to their civic duties, because "everybody's business is nobody's business." "It must not be left to everybody, but individually the medical man should take an interest in State matters."

He has shown his appreciation of the sentiments that are so dear to us as physicians and sanitarians, namely, that our labors are highly essential to the welfare of the State as well as to the individual. In exemplification of this, he has expressed the greatest interest and confidence in the work of the sanitarians in the Isthmian Canal Zone, and has taken an initiative the good results of which are incalculable in the sanitary work which was begun and is still being conducted in New Orleans against the yellow-fever pestilence.

In expressing this appreciation of our President I am only echoing the voluntary expressions which I have heard on many sides, and particularly at the recent meeting of the Great American Medical Association, in Portland, Oreg., where comments of the above nature were frequent, prompted solely by appreciation in the minds of the medical profession of the sentiments and support of our President in matters relating to individual and public health.

The secretary translated the above remarks into Spanish.

On motion of Doctor Guiteras, the convention adjourned to meet at 2.30 p. m.

Afternoon Session.

The convention was called to order by the president at 2.30 p. m.

Doctor GUITERAS. Mr. President, I have the honor of presenting the following resolution concerning the United States Pharmacopœia:

Whereas the decennial edition of the United States Pharmacopœia has just been published and issued by the board of trustees of the convention of the United States Pharmacopœia appointed by the American Pharmaceutical Association, and

Whereas this revised pharmacopœia embraces many new forms of value, both for use in therapeusis and prevention of epidemic disease and represents the best thought and labor of experts on these matters: Therefore be it

Resolved, That a translation of this United States Pharmacopœia into the Spanish language would prove of great benefit to the medical profession and pharmacists in each of the republics represented in this convention; and further,

Resolved, That the said pharmacopœia be referred to the several governments to report upon at the next meeting in Mexico, with a view to the adaption of an international pharmacopœia for the American republics; and be it further

Resolved, That the International Sanitary Bureau be requested to ascertain if it is possible for the payment for such translation and publication of an edition of 5,000 copies to be made out of the fund provided for in section 7 of the resolutions adopted by the Second International Conference of American States, held in the City of Mexico in the winter of 1901–2; and be it further

Resolved, That if it is found the expense of this translation and publication can not be provided for from the fund provided by said section 7, the matter to be referred to the Bureau of the American Republics, with the request that if possible the said translation and publication be provided for by the said Bureau.

Doctor Guiteras then translated the above resolutions into Spanish.

The PRESIDENT. You have heard the resolutions, and they will be referred to the advisory council. In the meantime, you will recall

that by a vote we extended the courtesy of the floor to Dr. H. C. Wood, of Philadelphia. He is very much interested in this subject and has been invited especially to speak about it. He is a gentleman whose name is known nationally and internationally, and he has paid great attention to matters of materia medica and pharmacology and pharmacy, and I therefore beg leave to present to you Dr. H. C. Wood, of Philadelphia, who will speak upon this subject.

Doctor Wood. Gentlemen, in spite of the fact that nearly all of the members of this conference or convention are physicians, I will begin my remarks by explaining what a pharmacopœia is.

A pharmacopœia is a list of medicines with tests for their purity and with methods of making preparations from the crude drugs, these preparations to be used by the individual doctors. The pharmacopœia has, however, a wider scope than the mere practice of medicine, because upon it are based many of the laws of the customs of the various countries, and because upon it are based all the so-called pure-food bills, and because it comes continually into the courts as a legalized standard.

In most countries the pharmacopœia is produced directly by the Government. In Anglo-Saxon countries a need has frequently produced popular means of meeting it, extra or without or beyond governmental supervision; precisely as in England the whole light-house system of Great Britain is in the hands of the Brothers of the Trinity and not under the direct control of the Government, because originally it was the merchants of England who started the light-houses in Great Britian.

So in the United States the Pharmacopœia was produced by joint conventions of the two professions concerned and has so continued to be produced, although it has become recognized by Government statutes as the law of the land.

Before there is any pharmacopœia in a country the practice of medicine in that country must be more or less chaotic. The apothecary has no official standard, and so if you want a tincture of a wine you get a preparation from the apothecary on one side of the street different in strength from that which the apothecary on the other side of the street gives you. Now, since the modern habit of travel has brought all nations into continual intercourse, the differences in the different pharmacopœias have become serious in their practical results. So in 1902 there was called at the instance of the Belgian Government the so-called conference on heroic remedies, which was held at Brussels, where certain standards were agreed upon for the preparation of heroic or powerful drugs. The pharmacopœia of the United States is the first national pharmacopœia to conform with the international standard, and made, therefore, a great advance in the world's history in regard to the practice of medicine. I happened to be president of the United States Pharmacopœia, so-called, and it is for this reason, I suppose, that I have been asked to appear before you. The movement for a Spanish edition of the United States pharmacopœia did not originate with the pharmacopœia convention of the United States at all. Long before the pharmacopœia was published appeals were made from Cuba first, I believe, afterwards from Panama, later from the Philippines, for a Spanish translation of the work. The need of such a translation for the American possessions in the Spanish-speaking countries is of course imperative,

and when we look at the condition of the South American republics in general I think you will see that the need for some common standard is no less imperative. Mexico is the only one of the republics, I believe, that has any official pharmacopœia whatever. In Cuba three pharmacopœias are used, the United States, the Spanish, and the French, and there is perpetual confusion, and I suppose it was the result of this confusion which led the Cubans first to ask for a Spanish edition of the United States Pharmacopœia.

In most of the Spanish speaking countries the French Codex is employed. In Chile the German Pharmacopœia is used. Now, the French Codex is of course not in the Spanish language. There is no Spanish edition of it, so that at present in none of the vast territories south of the United States and Mexico is there a pharmacopœia in the language of the people recognized by the governments as a legal standard. If there be any underlying truth in the so-called Monroe Doctrine it is that the peoples of America shall not be only politically but scientifically and professionally independent: Under the present condition you can see that in the South American Republics this is not at all so. They draw their sustenance or their law from foreign countries, with reference to this subject. Now, the United States Pharmacopœia is of course not an international pharmacopœia, but it is hoped and expected that if the Spanish translation is made, and if it is, as will almost certainly be the case, more or less widely exploited, it will lead finally to our all coming, not under the United States Pharmacopœia, but under some form of American or Pan-American pharmacopœia if you please. There are several ways in which this can happen. It may be very well that there shall be appointed finally an international body which shall prepare a new Pharmacopœia based upon that of the most complete that there is at present in the world. It may be very well that the so-called convention of the United States Pharmacopœia shall be so modified in its nature that it shall become Pan-American by the reception of delegates from all parts of South America. Which of these two ways will work out in the future no one can know, but the present being merely the inception of a movement, it seems to me of the very greatest importance, which belongs strictly to the province of this convention, and which I hope you will see fit to support in your wisdom, and then in Mexico two years from now or in some other way we will certainly be able to bring about that which is most desirable thing, namely, a Pan-American pharmacopœia.

Doctor Licéaga (translation). In Mexico there is a special board for the pharmacopœia. They study the different pharmacopœias and then make a special publication, or else accept some particular one and have it translated into Spanish with the official approbation of that country.

Doctor Wood. I expressly excepted Mexico from my general statement, being well aware of the fact which Dr. Licéaga has just stated.

Doctor Licéaga (translation). I did not quite understand the statement of Doctor Wood in that respect.

Doctor Moore. In Chile they have accepted the German Pharmacopœia and the national publication is almost a copy of the German one, being translated into Spanish. I agree entirely with the solution proposed by Doctor Guiteras and I consider it very important that there should be a pharmacopœia of an international character for the

American Republics. From the information I have received I know that the American pharmacopœia is very much ahead of the others which have been in use in the Spanish-American Republics.

Doctor ULLOA. As the representative of Costa Rica, I do not have much to add to what Doctor Moore has said. I adopt his words with the exception that we do not have a national pharmacopœia and never had one. There are several pharmacopœias in use in Costa Rica. We use, principally, the United States pharmacopœia, because the majority of the doctors in Costa Rica were graduated in the United States. We use that one, and also the German and the French pharmacopœias. I fully agree with the statements of the previous speakers in reference to this matter and I will gladly give my assent to the proposition made by Doctor Guiteras.

Doctor BARNETT (translation). I agree to the expression made here. The Government of Cuba has appointed a special commission with the purpose of preparing a national pharmacopœia, but after they held several meetings they found the task before them to be a very heavy one and that there were many difficulties to be encountered, so they decided after due discussion and consultation that the best plan would be to recommend the adoption of the United States pharmacopœia, of course having it translated into Spanish. That idea having been agreed upon, it was decided that Doctor Guiteras in the name of Cuba should present at this conference the resolutions which he has presented to that effect.

The PRESIDENT. Is there any other gentleman who desires to make remarks on this subject? If not, then the resolutions will be reported back from the advisory council at some future time during the sessions of this convention. I would like to ask the chairman of the advisory council if there is anything to report from that council?

Doctor MOORE (translation): I wish to inform the congress that the advisory council after discussing the subject, have decided to recommend the adoption of the convention of Paris of 1903, of course, omitting from said convention all those articles that do not relate to America. There are some articles relating to the Red Sea, and other subjects, that would not be of importance or interest on this side of the Atlantic. They also made an exception to the effect that passengers should not be allowed to go free after the arrival of infected vessels, but that they be put under observation in proper quarters. Besides this, they have added to this convention all the articles referring to yellow fever which have been agreed upon in the last meeting of the same convention, and it is proposed to read, article by article, all the different articles of said convention, for the approval of this meeting.

The SECRETARY. An official copy on parchment is to be made of this convention to be ready for the signatures of the delegates.

Doctor GUITERAS. The different articles must be approved before they are engrossed. Therefore we should read them section by section.

The PRESIDENT. I understand we have an English version and a Spanish translation here. We will have the English article read first and then the Spanish translation read also, so that when all are read and agreed upon, they will be ready for our signatures to-morrow. Each article will be presented to the Convention to be voted upon

before the delegates are called upon to sign. I will call upon Doctor Guiteras to read the English version and Doctor Moore to read the Spanish.

The preamble was first read in English and in Spanish.

The PRESIDENT. The preamble as read, both in English and Spanish is before the convention. Are there any remarks to be made upon it? It has been suggested, and correctly, too, that this is the report of a committee which was to report to the advisory council, and the advisory council was to report it to the convention. As nearly everyone connected with the advisory council has expressed the opinion that it should be presented now, I shall take it for granted, unless some one expresses himself to the contrary, that it is in order to be presented as coming from the advisory council for the action of the convention. If any member of the advisory council, all of whom are here present, has any objection to its coming before this convention, he may express that objection now. There are two members of the advisory council who have not been heard from yet, being the representatives of the Army and Navy of the United States, Major McCaw and Doctor Gatewood. I would like to have them express themselves before proceeding further. Are both these gentlemen satisfied with course of procedure?

Major McCAW. I am perfectly satisfied.

Doctor GATEWOOD. And so am I.

Doctor GEDDINGS. Among the names of the delegates from the United States there appears the name of Dr. A. H. Doty, of New York. Doctor Doty was regularly invited to represent the United States on this occasion, but owing to a stress of business at the port of New York he has been unable to attend. He therefore has never regularly qualified as a delegate on behalf of the United States, and I move, Mr. President, that wherever the name of Doctor Doty occurs it be stricken from the record.

The motion was seconded.

The PRESIDENT. Before putting this motion I wish to state that Doctor Doty has expressed great interest in this convention, and that he accepted the invitation to come here if it was possible for him to do so, that he has sent as many as three telegrams concerning it, expecting each day that he would be able to come, but finding that some pressing duty at his quarantine station has prevented it. So that this resolution is in no wise a reflection on Doctor Doty. In order to make it absolutely regular in every particular, it is proposed that this action be taken. Doctor Doty wished to express to the convention his great regret that he could not be here, and I have thought it best to make this explanation. (See Appendix, p. —.)

The motion was agreed to.

Doctor BARNETT (translation). This convention is to be signed by representatives of the Government of the United States, both the Army and the Navy. Inasmuch as the various States of the American Union have different regulations on these subjects, it would be interesting to know in what situation these States will find themselves and what their attitude will be toward this agreement.

The PRESIDENT. That is a most interesting question. Are there any further remarks? If not the question is on the adoption of the preamble.

The preamble was agreed to.

Doctor Guiteras read in English and Doctor Moore in Spanish article 1.

The PRESIDENT. Are there any remarks upon article 1?

Doctor GUITERAS. I should like to look at the French copy. I think a wrong word has been employed in the Spanish translation. The French word is equivalent to the English word "confirm." The Spanish translation does not give that idea exactly. It says "cases that have been found out," which gives a sort of indefinite expression. The better word would be the Spanish equivalent for the English word "confirmed."

Doctor MOORE. We have changed that and have inserted the equivalent Spanish word.

Article 1 was agreed to.

Article 2 was read.

Doctor LAVORERIA. I wish to propose that the different paragraphs of this article be taken up separately instead of the entire article all at once.

The PRESIDENT. That suggestion is a very good one.

The following paragraph was read:

ARTICLE 2. The notification is to be accompanied or very promptly followed by the following circumstantial information: (1.) The neighborhood where the disease has appeared.

The PRESIDENT. Are there any remarks on this paragraph? If not the question will be taken on its adoption.

The paragraph was agreed to.

The following was read:

(2.) The date of its appearance, its origin, and its form.

The PRESIDENT. You have heard the reading of the second paragraph; are there any remarks?

Doctor GUITERAS. The question is raised as to the difficulty sometimes of tracing the origin of the disease. It is suggested that a request to give the origin can not always be compiled with. We have replied to that, that of course if the origin is not known then it can not be given.

The paragraph was agreed to.

The following was read:

(3.) The number of established cases and the number of deaths.

The paragraph was agreed to.

The following was read:

(4.) For plague, the existence among rats and mice of plague, or a pronounced mortality; for yellow fever, the existence of *Stegomyia fasciata.*

The paragraph was agreed to.

The following was read:

(5.) The measures immediately taken following the first appearance.

The PRESIDENT. I hope the English-speaking members here are paying particular attention to the wording of this English version, because, as Doctor Guiteras states, this has been gotten up in a hurry and there may be errors in the English. Doctor Guiteras wished me to make that statement.

The paragraph as read was agreed to.

The PRESIDENT. Now, I think article 2 should be adopted as a whole. It has been read by paragraphs, but the question should be taken on its adoption as an entire article.

The article as a whole was agreed to.

The PRESIDENT. Is it the desire that the remaining articles shall be read by separate paragraphs?

Doctor GUITERAS. That request has been made.

The following was read:

ARTICLE 3. The notification and information prescribed in articles 1 and 2 are to be addressed to diplomatic and consular agents in the capital of the infected country.

The PRESIDENT. This is a very important matter. I understand that there would be nothing in this to prevent, for instance, the president of the superior board of health of Mexico wiring to the Surgeon-General of the Public Health and Marine-Hospital Service of the United States.

Doctor GUITERAS. I understand there is nothing to prevent him, but there is nothing mandatory compelling him to do it.

Dr. H. L. E. JOHNSON. Could not that be amended so as to provide that the information should be sent to the Public Health and Marine-Hospital Service of the United States instead of to the United States State Department?

The PRESIDENT. We would get it through the State Department, and there is nothing to prevent its also being sent to the Service direct. For instance, I frequently cable to the president of the superior board of health of Cuba and also to President Licéaga, and both do the same to me.

Doctor BARNETT (translation). I move that a paragraph be inserted in that article embodying the statement which has just been made.

Doctor GATEWOOD. I suggest that the proposed amendment be worded as follows:

ARTICLE 3. The notification and information prescribed in articles 1 and 2 are to be addressed to diplomatic or consular agents in the capital of the infected country.

This being construed as not preventing direct communication between officials charged with the public health of the several countries.

I propose that, to overcome the objections which are made in regard to the slowness with which information comes through diplomatic channels.

The PRESIDENT. You have heard the paragraph as amended. Are there any further remarks?

The paragraph as amended was agreed to.

The following was read:

For countries which are not thus represented, they are to be transmitted directly by telegraph to the Governments of such countries.

The paragraph was agreed to.

Doctor GUITERAS (reading):

ARTICLE 4. The notification and information prescribed in articles 1 and 2 are to be followed by further communications dispatched in the regular manner in order to keep the Governments informed of the progress of the epidemic. These communications, which are to be made at least once a week, and which are to be as complete as possible, should indicate very particularly the precautions taken to prevent the extension of the disease. They should set forth—

1. The prophylactic measures taken relative to sanitary or medical inspection, to isolation and disinfection, and

2. The measures taken upon the departure of vessels to prevent the exportation of the disease; and especially in the case mentioned by No. 4, of article 2, given above, the measures taken against rats and mosquitoes.

The above paragraph was here read in Spanish by Doctor Moore.

The paragraph was agreed to.

The PRESIDENT. Doctor Guiteras, will you kindly let me know if we have reached the end of that article?

Doctor GUITERAS. Yes; that is the end of article 4.

The PRESIDENT. Article 4 has been read to the convention in both Spanish and English, as amended. The question now is on the adoption of the article in toto.

The article was agreed to.

Doctor Moore here addressed the convention in Spanish, his remarks being translated into English by Doctor Ulloa. Doctor Moore said that there was nothing special in the different paragraphs of that article; that he thought the convention should go ahead and read the entire article, and then discuss the whole article at once.

Doctor Guiteras here read article 5, as follows:

ARTICLE 5. The prompt and honest accomplishment of the provisions which precede above is of the very first importance, the notifications only having real value if each Government is warned in time of cases of plague, cholera, or yellow fever, and of doubtful cases supervening in its territory. It can not then be too strongly recommended to the various Governments to make obligatory the declaration of cases of plague, cholera, or yellow fever, and of giving information upon all established unusual mortality of rats and mice.

Doctor GATEWOOD. Mr. President, it seems to me that you might substitute the word "frank" for "honest" and the word "execution" for "accomplishment."

Dr. H. L. E. JOHNSON. Had we not better use the words agreed on? How does that read?

Doctor GUITERAS. It reads "the prompt and honest execution." That is better than "accomplishment," there is no doubt about that.

Doctor GATEWOOD. "The prompt and faithful execution?"

Doctor GUITERAS. Yes; "prompt and faithful."

The PRESIDENT. Does that correspond with the original?

Doctor GUITERAS. It reads "the prompt and faithful execution of the provisions which precede above is of the very first importance." Then it reads "doubtful cases in its territory."

The PRESIDENT. "Doubtful cases?"

Doctor GUITERAS. Yes; "doubtful cases."

Doctor GATEWOOD. The word "suspicious" is better than "doubtful."

Doctor GUITERAS. Yes; it is.

Doctor GATEWOOD. I would like to ask the force of the word "pronounced," in regard to the mortality? Would not the word "unusual" be better?

Doctor GUITERAS. Very well. Now it reads in this way:

ARTICLE 5. The prompt and faithful execution of the provisions which precede above is of the very first importance, the notification only having real value if each Government is warned in time of plague, cholera, or yellow fever, and of suspicious cases supervening in its territory. It can not then be too strongly recommended to the various Governments to make obligatory the declaration of cases of plague, cholera, or yellow fever, and of giving information upon all unusual mortality of rats and mice, especially in ports.

Article 5 was here read in Spanish by Doctor Moore.

The PRESIDENT. Is that an entire article, or one paragraph of an article?

Doctor GUITERAS. It is an entire article. That is article No. 5. I wish to speak on this article, Mr. President, simply as to the Spanish translation.

Doctor Guiteras here addressed the convention in Spanish.

Doctor GUITERAS. That is all, Mr. President. I simply wanted to mention the verbal corrections.

Doctor Moore here read article No. 5, as amended, in Spanish.

The PRESIDENT. You have heard article No. 5. The question now is on the adoption of article No. 5.

The article was agreed to.

The PRESIDENT. Before proceeding further there is one question I would like to ask Doctor Guiteras, and that is how this convention is to be signed, whether on parchment or on a galley proof or on a typewritten copy, because if it is to be on parchment, or printed, we will have to take some special measures to get it done promptly. It would take some time to prepare the parchment or the printed copy, and it may be advisable to give these sheets that we are going over into the hands of the official representative of the Bureau of the American Republics as they are finished to have them transcribed, so that we can get through to-morrow. I suppose all the delegates will want to sign that here before they go away, and it would be very difficult to prepare the copy for signatures before to-morrow evening.

Doctor GUITERAS. I have suggested that there should be here two gentlemen writing out these articles as they are approved, one writing them in English and another in Spanish; but it seems to me that your suggestion should be accepted, and that the sheets should be handed over as they are approved.

The PRESIDENT. Is it the wish of the convention that they should be on parchment?

Doctor GUITERAS. I do not think so. If it could be done on parchment it would be better, but I suppose that it could not be done.

The PRESIDENT. It might be possible.

Doctor Ulloa here addressed the convention.

Doctor Licéaga addressed the convention in Spanish.

The PRESIDENT. If acceptable, the Spanish copy and the English copy as finished, page by page, will be handed to the chief clerk of the Bureau of the American Republics for preparation on parchment. I think there are some of the sheets that have been finished and are ready now.

Doctor GUITERAS. Yes.

The PRESIDENT (after informal conversation among the members). I will call upon Doctor Guiteras to make a suggestion as to the preliminary part of this paper as it shall be transmitted to the transcriber to be transcribed. I think this is very plain now. There is only one other subject to determine upon in regard to the mechanical part of it, and that is whether we shall have this prepared for our signatures upon parchment or upon typewritten copies.

The remarks of the president were translated into Spanish by Doctor Guiteras, and informal conversation among the members followed.

The PRESIDENT. You understand the subject, and it will not be necessary to put it to a vote. Unless there is some objection, that will be the procedure, that the first part of the document presented by the committee, having been edited in such manner as is satisfactory to the committee and in a proper manner for its transcription by the transcriber, the transcription shall be typewritten upon good heavy paper, and there shall be one copy in English and one in Spanish. Also that there will be a certificate as to the correctness of the transcription from one copy to the other.

The remarks of the president were translated into Spanish by Doctor Guiteras.

The PRESIDENT. We will now proceed with the reading of article 6.

Doctor Guiteras read article 6, as follows:

ARTICLE 6. It is understood that neighboring countries reserve to themselves the right to make special arrangements with a view of organizing a service of direct information between the chiefs of administration on the frontiers.

Article 6 was read in Spanish by Doctor Moore.

Doctor Lavoreria here addressed the convention in Spanish.

The paragraph was agreed to.

Doctor GUITERAS. We now come to section 2, a new section. The heading is, "Conditions permitting the consideration as contaminated or rendered healthy a given territorial area." That does not mean anything.

Informal discussion among the members followed.

Doctor GUITERAS. We have made that read, "Conditions permitting a given territorial area to be considered as contaminated or as restored to health."

ARTICLE 7. Information of a first case of plague or cholera or yellow fever does not entail against the territorial area where it may come to light the application of the measures prescribed in chapter 2, as hereinafter indicated.

The PRESIDENT. The word "chapter" is used there, and that is the first time I have heard that word used.

Doctor GATEWOOD. It is section 2 of chapter 1.

Doctor GUITERAS. Yes, that is it. I will read this again and continue it:

ARTICLE 7. Information of a first case of plague or cholera or yellow fever does not entail against the territorial area where it may come to light, the application of the measures prescribed in chapter 2, as hereinafter indicated.

Upon the occurrence of several cases of plague or a nonimported case of yellow fever, or when cases of cholera form a focus, the area is to be declared infected.

Doctor GUITERAS. Now, I wish to speak on this a moment. I want simply to have it brought out that we are here deciding that one case of nonimported yellow fever is going to declare that area infected. I am sorry to say that I have not a very positive opinion on this point, but I would like the conference to think of the matter and decide with a clear understanding that this is right. It is said that several cases of plague must exist before the place is declared infected. It is said that the cases of cholera must be sufficient to make a focus before a place is declared infected. Now, we are going to decide that a single case of yellow fever is enough to cause the place where it is to be declared contaminated. Certainly, if the modern theory of the transmission of yellow fever was generally understood and all were willing to carry out the measures to prevent the spread of yellow fever that our present knowledge indicates, I would oppose the calling of a place infected because there was one single case, not imported; but, as there is considerable doubt as to the application in some places of the modern doctrine of the transmission of yellow fever, I am rather inclined to favor the retaining of the provision that one single case of yellow fever shall be enough to make a place infected. I would like to hear Doctor Licéaga's opinion on that.

The remarks of Doctor Guiteras were here repeated by him in Spanish.

Doctor Licéaga here addressed the convention in Spanish, his remarks being translated by Doctor Ulloa.

Doctor Licéaga said that he is in favor of the article just as it appears in the convention, because he is fully convinced of the truthfulness of the doctrine of mosquito infection for yellow fever, and he believes that a single case of yellow fever is sufficient to infect enough mosquitoes to produce a good many cases of the disease. And, being determined as we are to extinguish yellow fever from the continent of America, he thought it was best that this article should be left as it is.

The PRESIDENT. I understand that the extent of the area is not mentioned, or has not been mentioned yet, but that it is mentioned further on, and therefore for a thorough understanding of the point made I think it would be better to read what is said further on in regard to the extent of the infected area, and then come back to this proposition and vote upon it.

Doctor GUITERAS. It says here "the territorial area." That is any territorial area, no matter what.

The PRESIDENT. Does it mean a house, a block, or an acre?

Doctor GUITERAS. The next article defines it. I will read that.

The PRESIDENT. Read what it says in the next article.

Doctor GUITERAS. That reads:

By the word "area" is understood a well-determined portion of territory in the information which accompanies or follows the notification. Thus, a province, a state, a government, a district, a department, a canton, an island, a commune, a city, a quarter of a city, a village, a port, a polder, or a hamlet, whatever may be the extent of these portions of territory.

The PRESIDENT. It is evident, then, from this clause as to the information of the infected area, that it is to be indicated and that the extent of the area shall be signified promptly. Have you finished reading that article?

Doctor GUITERAS. We have discussed the question of whether one case of yellow fever shall be considered as sufficient reason for declaring an area contaminated, and the Spanish-speaking colleagues of the convention seem to be of the opinion that one case ought to be enough to cause the place to be declared infected.

The PRESIDENT. I believe that the English-speaking delegates will concur in that.

Doctor GUITERAS. Then it stands as a whole.

Article 7 reads as follows:

ARTICLE 7. Information of a first case of plague or cholera or yellow fever does not entail against the territorial area where it may come to light, the application of the measures prescribed in chapter 2, as hereinafter indicated.

Upon the occurrence of several cases of plague or a nonimported case of yellow fever, or when cases of cholera form a focus, the area is to be declared infected.

Article 7, as read by Doctor Guiteras, was here translated into Spanish by Doctor Moore.

The PRESIDENT. The question will be put now on the adoption of this article.

The question was taken and the article was agreed to.

Doctor GUITERAS. The next is article 8.

ARTICLE 8. To limit the measures to the plague-stricken regions alone, governments should only apply them to those growing out of the infected or contaminated area.

The note heretofore read was here again read by Doctor Guiteras.

Doctor GUITERAS (reading):

But this restriction limited to the infected area should only be accepted upon the formal condition that the government of the infected country should take the necessary measures, first, to prevent, by means of preliminary disinfection, the articles named in articles 1 and 2 of article 12 emanating from the infected area.

Doctor ULLOA. What is that?

Doctor GUITERAS. How can you prevent the articles emanating by means of disinfection?

Doctor ULLOA. It means the prevention of the objects going from the contaminated area. Make it read "objects" instead of "articles."

Doctor GUITERAS. Do you prevent them from emanating by disinfection? No. It says to prevent them from emanating from the area by a preliminary disinfection. That is not right. And yet I see it is so in the French translation, too. It reads there "to prevent by a preliminary disinfection the importation of objects." That is very strange. It is certainly not right.

Informal discussion among the members of the convention followed.

Doctor GUITERAS. We have made it read as follows:

But this restriction, limited to the infected area, should only be accepted upon the formal condition that the government of the infected country should take the necessary precautions, first, to prevent, unless previously disinfected, the exportation of articles named in articles 1 and 2 of article 12 coming from the contaminated area.

Then, also, further:

And, second, measures to prevent the extension of the epidemic.

And provided further, that there be no doubt that the sanitary authorities of the infected country have faithfully complied with article 1 of this convention.

When an area is infected no restrictive measure is to be taken against departures from this area if these departures have occurred five days at least before the beginning of the epidemic.

Article 8 was here read in Spanish by Doctor Moore.

The foregoing article, article No. 8, was here again read from beginning to end by Doctor Guiteras in English, and was also again read in Spanish by Doctor Moore.

The PRESIDENT. You have heard that article read in both Spanish and English. Are you ready for the question?

The question was taken, and the article was agreed to.

Doctor GEDDINGS. Mr. Chairman.

The PRESIDENT. Doctor Geddings.

Doctor GEDDINGS. Mr. President and gentlemen, it is very evident that, owing to the haste with which this proposed convention has been prepared, it stands in serious need of editing in order to perfect it, and we are sacrificing the time of the whole convention by making corrections here on the floor of the convention which ought to be made in committee. I have the honor, therefore, sir, to move that the convention do now adjourn, and that the text of this convention be returned to the committee with instructions to edit it overnight, and to present it in smooth shape to the convention on its reassembling in the morning.

The motion of Doctor Geddings was translated into Spanish by Doctor Ulloa.

Doctor GEDDINGS. And I might add, Mr. President, that if it be convenient and agreeable to him, I would move that Dr. Eduardo Moore, the delegate from Chile, be added to that committee for this purpose.

The additional motion of Doctor Geddings was translated into Spanish by Doctor Ulloa, and Doctor Moore signified his assent.

The PRESIDENT. Are there any remarks on this motion made by Doctor Geddings? If not, I will put the motion.

The question was taken and the motion was agreed to.

Thereupon, at 5.25 o'clock p. m., the convention adjourned until to-morrow, October 13, 1905, at 9.30 o'clock a. m.

FOURTH DAY—FRIDAY, OCTOBER 13.

Morning Session.

The convention was called to order by the president, Surgeon-General Wyman, at 10.30 o'clock a. m.

The minutes of yesterday, October 12, 1905, were read by the secretary, and as read were agreed to.

The PRESIDENT. I will call upon the chairman of the advisory council to make any report that he may have ready.

The following was read:

The council recommends that the vice-presidents of the last convention be continued in office, excepting when the representation to this convention is different, in which case the new delegates are to take the place of the previous ones.

In the case of the Republics which were represented at the last convention and which are not represented at the present convention no vice-presidents shall be appointed; and the council recommends that the respective delegates from the countries which are represented at this convention for the first time shall be appointed as vice-presidents also.

2. That the International Sanitary Bureau as constituted at the last meeting be continued.

3. That the resolutions presented by Doctor Guiteras concerning the printing of the 5,000 copies of the United States Pharmacopœia be recommended for approval.

Doctor GUITERAS. The editing committee is now ready to report on the convention.

The foregoing recommendation was here translated into Spanish by Doctor Moore.

Doctor BARNETT. I move that the report be adopted.

The motion was seconded.

The PRESIDENT. Are there any remarks. If not, I will put the motion.

Doctor GUITERAS. Mr. Chairman.

The PRESIDENT. Doctor Guiteras.

Doctor GUITERAS. I have some resolutions to offer to the conference, as follows:

Whereas the Republic of Mexico and the Panama Canal Zone, by the application of the mosquito doctrine to public sanitation, are nearing rapidly the desideratum of the final extinction of yellow fever; and

Whereas the Republic of Cuba, by the application of the same methods has continued to maintain its territory free from yellow fever; and

Whereas the lack of preparation for the thorough application of these methods has been the cause of the propagation of the disease in various territories; and

Whereas in the city of New Orleans an epidemic which had been unfortunately allowed by the State authorities to take a firm foothold has been held in check and gradually reduced by the application of the said methods in the midst of the largest nonimmune population that was ever exposed to yellow fever: Therefore be it

Resolved, That this conference sees in these results a further confirmation of the view that yellow fever is naturally transmitted only by the bite of an infected mosquito.

2. That the conference is of opinion that an efficient plan of defense against the propagation of yellow fever at the beginning of an epidemic can be easily established upon the basis of this doctrine.

3. That the successful carrying out of such plan depends upon a thorough understanding of the mosquito doctrine by the people and upon the support that they may give to the prompt and frank reporting and the proper handling of the first cases and of all suspicious cases.

4. That all authorities who do not promptly report cases of yellow fever are worthy of the censure of this conference.

5. That the congratulations of the conference be extended to the Republics of Mexico and Cuba and to the Canal Zone of Panama for the success attained, and also to the Public Health and Marine-Hospital Service for the brilliant work done in New Orleans. And be it further

Resolved, That in the opinion of this conference all maritime quarantines and the management of all epidemics that threaten to extend to neighboring States and countries should be placed in the hands of the national health authorities.

The PRESIDENT. Those resolutions will be referred to the advisory council. Is there any other matter to come before the convention before we proceed to the articles of agreement which were under consideration when we adjourned yesterday? Has any delegate any motion to make?

Doctor Ulloa translated the questions of the President into Spanish.

The PRESIDENT. If there are no remarks, we will then proceed with the reading of the articles of the convention of Paris, which it is hoped we will all sign. I presume it would be pertinent to begin with the section following the last section which we adopted, and the procedure will be the same as before, the articles of the convention being read in English and in Spanish.

Doctor GUITERAS. I move that it be so ordered.

The PRESIDENT. If we are all ready, then, the next article is article 9.

The following was read by Doctor Guiteras:

ARTICLE 9. That an area should no longer be considered as infected, official proof must be furnished, first that there has been neither a death nor a new case of plague or cholera for five days after isolation, death, or cure of the last plague or cholera case. In the case of yellow fever the period shall be eighteen days, but each government may preserve the right to extend this period.

Doctor GUITERAS. There is a note here defining isolation, which reads as follows:

NOTE.—The word "isolation" signifies isolation of the patient, of the persons who care for him constantly, and the forbidding of visits of all persons, the physician excepted.

Mr. Chairman, I suppose that if I have any remarks to make explanatory of this, I may make them now?

The PRESIDENT. Yes.

Doctor GUITERAS. I may say in a general way that we have avoided adding anything that was not in the Paris convention, excepting in regard to yellow fever, which is distinctively American business; but in this instance we have something to say in regard to these last words. It says, "the physician excepted." The definition given in this note in the Paris convention actually excludes the physician from visiting the sick, because it says "isolation of the patient, of the persons who care for him constantly, and the forbidding of visits of all persons." That would include in this exclusion the doctor, so that we have added the words, "the physician excepted."

This reads further:

2. That all the measures of disinfection have been applied; in the case of plague that the precautions against rats have been observed and in the case of yellow fever that the measures against mosquitoes have been executed.

Doctor Moore here translated into Spanish what had been read by Doctor Guiteras.

The PRESIDENT. We agreed yesterday to the addition of something further to the definition of isolation, which by an oversight has not been included in the English copy, and I wish to add it now. It refers especially to yellow fever. To the note defining isolation we add:

By isolation, in the case of yellow fever, is understood the isolation of the patient in an apartment so screened as to prevent the access of mosquitoes.

That has been read in the Spanish copy and we simply forgot yesterday to put it into the English copy.

The PRESIDENT. You have all heard this read in Spanish and English. Are there any remarks?

Doctor ULLOA. I have to differ slightly from the article as it has been read, and I make a motion to the effect that, with regard to plague, the article should be left as it reads in the French copy, as it was agreed to by the Sanitary Congress in Paris. I believe in excluding the physician from those visits because he may carry infection the same as anybody else.

The PRESIDENT. Is the motion of Doctor Ulloa seconded?

Doctor GUITERAS. I will second his motion for purposes of discussion.

The convention was here addressed in Spanish by Doctor Guiteras and by Doctor Licéaga.

The PRESIDENT. Doctor Ulloa will now interpret Doctor Licéaga's remarks into English.

Doctor ULLOA. Doctor Licéaga said, in regard to my motion, that a doctor who visits a case of plague takes, of course, all the necessary precautions which we all know are taken with respect to infectious diseases, and Doctor Guiteras added that of course it would be better not to make the alteration that I proposed, because doctors are called in, and have to be called in, to make diagnoses of the plague in many cases, and of course they are admitted for doing so. I would say, in reply to these statements, that there must have been some reason why the convention of Paris left this as it is and I do not see why we should alter that article. Of course I have great respect for the views of men like Doctor Guiteras and Doctor Licéaga, but in the case of plague I believe that, in order to have any practical effect in Spanish America, the cases must be well isolated and the physician who attends them must stay with the cases. In a case of isolation, of course, a doctor could come in and be disinfected before coming into contact with others.

Doctor GUITERAS. He could not come in at all, according to that article. According to that he could not do that. That is what we want to avoid, and according to the language here no visits could be allowed.

The PRESIDENT. I would like to ask Doctor Geddings for his views upon this. He was present at the signing of the Paris convention.

Doctor GEDDINGS. I was present at the signing of this convention, and I believe that the language used in that note, which is a mere footnote, was left as it is by a pure oversight. But, apart from that, as one interested in sanitary science, I object, and as a physician I protest, with all respect for our esteemed colleague, Doctor Ulloa, against such a narrowing of the professional functions of a physician as is implied in Doctor Ulloa's amendment. For years and years,

from the very beginning of medicine, physicians have regarded it not only as a sacred duty, but as a privilege, to visit the sick—sick with whatever disease it might be—and without fear for themselves, and, exercising reasonable precautions in regard to others, they have continued to give their ministrations; and I ask this convention, composed of men of experience, how many instances are known to them where the infection of any of the communicable diseases—smallpox, scarlet fever, plague, measles, and so on—has been conveyed to the public outside by the physician leaving the sick room?

I sincerely hope that the convention—this conference—will adhere to the language of this footnote as amended by the committee, and that they will not circumscribe the usefulness and the dignity and the effectiveness of the physician by demanding that each case of plague, of cholera, or of yellow fever should have its special medical attendant, who, once he has seen him, should share in the quarantine and isolation of that patient.

The PRESIDENT. Are there any other remarks upon this motion of Doctor Ulloa? If not, are you ready for the question?

The question upon the motion of Doctor Ulloa was taken, and the motion was not agreed to.

Doctor Barnett addressed the convention in Spanish, and his remarks were translated by the secretary, Doctor Ulloa.

Doctor Barnett proposed that this note should be amended to the effect that the word "constantly" should be eliminated, and that there should be included in that any person affected with the plague, if it was only for a few hours, because the danger of infection would be incurred if the person was allowed to come out.

The PRESIDENT. For the benefit of the stenographer I would like to have Doctor Guiteras translate and put into proper form the motion of Doctor Barnett.

Doctor GUITERAS. Doctor Barnett's motion is to the effect that instead of reading, "the word isolation signifies isolation of the patient or the persons who care for him constantly," and so on, that the word "constantly" should be stricken out.

Doctor GUITERAS. I second the motion of Doctor Barnett.

The question was taken, and the motion was agreed to.

The PRESIDENT. Are there any further remarks on this article?

Doctor Lavoreria here addressed the convention in Spanish.

Doctor GUITERAS. Doctor Lavoreria says that he does not rise to make an objection, but he wishes to have explained to him why we have fixed, in the case of yellow fever, the period of eighteen days. With your permission I will explain that.

The PRESIDENT. Doctor Guiteras will explain that.

Doctor Guiteras here addressed the convention in Spanish.

The PRESIDENT. We have, unfortunately, no Spanish stenographer present at this meeting. Mr. Fox, the Director of the Bureau of the American Republics, tried very hard to get one, and we tried very hard—others of us—to get one, but we could not do so, and therefore those parts of the proceedings which are spoken in Spanish have to be translated into English. That is a very interesting explanation which Doctor Guiteras has just made, and I think that it ought to be translated and that it ought to appear in the record. Will you translate it into English, Doctor Guiteras?

Doctor GUITERAS. I shall try to be as brief as possible. The period of eighteen days has been fixed upon as the number of days after which, without the presence of a new case of yellow fever, the locality may be considered as free from the disease. That period has been fixed upon as scientifically true, taking into consideration the extrinsic period of incubation and the intrinsic period of incubation; that is, it takes twelve days after the mosquito has bitten the last person afflicted with yellow fever before it is ready to produce a new case. It bites the nonimmune individual, and it will take six days before that develops in that individual. Twelve and six make eighteen. So that after the expiration of eighteen days we should consider any place free from yellow fever. We are dealing with a single locality, of course. Take, for instance, the case of Tampa, Fla. After eighteen days I considered Tampa to be free from yellow fever; we were sure, and there was no doubt about it.

Now, we have added here the provision that the authorities may extend that period of expectancy or waiting before declaring the place free from yellow fever; that they may extend it ad libitum, because we have considered that at certain places where yellow fever regularly prevails—that is, is endemic—the number of immune people is so great that there might be a large number or a quite considerable number of mosquitoes still lurking in that locality without invoking the yellow fever, because of the immunity of the inhabitants, and we might be surprised at any time by a case of yellow fever. We have therefore allowed this freedom to the authorities to extend this period—to extend it the whole length of the yellow fever season, or the whole summer, if they desire. At any rate, we have given them the freedom to extend this period.

The PRESIDENT. It seems to me this explanation is very clear. There is one question I would like to ask of Doctor Guiteras, and that is whether the matter of the appearance of frost is to be considered in this connection. As I understand it, you have a period prescribed here of eighteen days. It is customary in the United States, as soon as frost appears, to stop all precautionary measures.

Doctor GUITERAS. The time may be less, at the option of the authorities. It is left in that way.

The PRESIDENT. Are there any further remarks upon this article? Does anyone wish to make a motion? If not, the article itself is before the convention for adoption.

The article was agreed to.

The PRESIDENT. The article is adopted. The next is chapter 2.

Doctor GUITERAS (reading):

CHAPTER 2. Measures of defense by other countries against territories declared infected.

SEC. 1. Publication of prescribed measures.

ARTICLE 10. The Government of each country is obliged to immediately publish the measures which it believes necessary to take against departures, either from a country or from an infected territorial area. The said Government is to communicate at once this publication to the diplomatic or consular agents of the infected country residing in its capital, as well as to the International Sanitary Bureau.

The Government shall be equally obliged to make known through the same channels a revocation of these measures, or modifications which may be made in them. In the default of a diplomatic or consular agency in the capital, communications are made directly to the Government of the country interested.

The preceding article was here read in Spanish by Doctor Moore.

The PRESIDENT. Are there any comments on this? Are you ready for the question as to adopting this article?

The article was agreed to.

Doctor GUITERAS. The next is:

SECTION 2. Merchandise, disinfection, importation, and transit; baggage.

ARTICLE 11. There exists no merchandise which is of itself capable of transmitting plague, cholera, or yellow fever. It only becomes dangerous in case it is soiled by festous or choleraic products, or, in case of yellow fever, when such merchandise may harbor mosquitoes.

Article 11 was here read in Spanish by Doctor Moore.

The PRESIDENT. The article is now before the convention. Are there any further remarks?

The article was agreed to.

Doctor GUITERAS (reading):

ARTICLE 12. No merchandise or objects shall be subjected to disinfection on account of yellow fever, but in cases covered by the previous paragraph the vehicle of transportation may be subjected to fumigation to destroy mosquitoes.

In the case of cholera and plague, disinfection should only be applied to merchandise and objects which the local sanitary authority considers as infected.

Doctor GUITERAS. This article is rather important, and I shall ask that it be divided into paragraphs. I will read it again.

The PRESIDENT. Very well.

Doctor GUITERAS. This reads:

In cases covered by the previous paragraph——

That is, that mosquitoes might be harbored——

the vehicle of transportation may be subjected to fumigation to destroy mosquitoes.

In the case of cholera and plague, disinfection should only be applied to merchandise and objects which the local sanitary authority considers as infected.

The above article was read in Spanish by Doctor Moore.

The PRESIDENT. You have heard these two paragraphs read. Are there any remarks? If not, we will vote upon them.

The two preceding paragraphs of article 12 were agreed to.

Doctor GUITERAS. The next reads:

Nevertheless, merchandise or objects enumerated hereafter may be subjected to disinfection or prohibited entry independently of all proof that they may or may not be infected.

1. Body linen, wearing apparel in use, clothing which has been worn, bedding already used. When these objects are transported as baggage or in the course of a change of residence (household furniture) they should not be prohibited, and are to be subjected to the regulations prescribed by article 19. Baggage left by soldiers and sailors and returned to their country after death are considered as objects comprised in the first paragraph of No. 1 of this article.

2. Rags and rags for making paper, with the exception as to cholera of rags which are transported as merchandise in large quantities, compressed in bales held together by hoops. New clippings coming directly from spinning mills, weaving mills, manufactories, or bleacheries, shoddy, and clippings of new paper, should not be forbidden.

The above was read in Spanish by Doctor Moore.

The PRESIDENT. That is the close of article 12?

Doctor GUITERAS. Yes, sir.

After discussion in Spanish, several verbal changes were made in the Spanish version, and the article was again read in Spanish, as altered, by Doctor Moore.

The PRESIDENT. It has been read as amended, then?

Doctor GUITERAS. Yes, sir.

The PRESIDENT. Are there any remarks? If not, I presume that you are ready for the question on the adoption of this article as read—as finally prepared here in Spanish and presented in English.

The article was agreed to.

Doctor GUITERAS. Article 13 reads as follows:

ARTICLE 13. In the case of cholera and plague there is no reason to forbid the transit through an infected district of merchandise, and the objects specified in Nos. 1 and 2 of the preceding article, if they are so baled that they can not have been exposed to infection in transit.

In like manner, when merchandise or objects are so transported that in transit they can not come in contact with soiled objects, their transit across an infected territorial area should not be an obstacle to their entry into the country of destination.

Doctor ULLOA. I would suggest the changing of that word "baled" to "packed." They can not bale everything.

Doctor GUITERAS. Shall we substitute "packed"? What do you say, Doctor Geddings?

Doctor GEDDINGS. I should say the proper word was "packed." I thought so when it was being read.

Doctor GUITERAS. The committee will accept the suggestion of Doctor Ulloa, and change that to "packed."

The article as amended was agreed to.

Doctor GUITERAS. I will read the next article:

ARTICLE 14. The entry of merchandise and objects specified in Nos. 1 and 2 of article 12 should not be prohibited if it can be shown to the authorities of the country of destination that they were shipped at least five days before the beginning of the epidemic.

Article 14 was agreed to.

Doctor GUITERAS. Article 15 reads as follows:

ARTICLE 15. The method and place of disinfection, as well as the measures to be employed for the destruction of rats, are to be fixed by authority of the country of destination. These operations should be performed in such a manner as to cause the least possible injury to the objects.

It devolves upon each State to determine questions relative to the payment of damages resulting from disinfection or from the destruction of rats. If taxes are levied by a sanitary authority, either directly or through the agency of any company or agent, to insure measures for the destruction of rats on board ship, the amount of these taxes ought to be fixed by a tariff published in advance, and the result of these measures should not be a source of profit for either State or sanitary authorities.

The PRESIDENT. Are there any comments on this article as read?

Discussion in Spanish between the members followed.

Doctor GUITERAS. I will translate the remarks made by the gentleman from Ecuador (Doctor Alcivar), who suggests the introduction here of the word "mosquitoes." He suggests the addition of the words "and mosquitoes," so that it will read as follows:

ARTICLE 15. The method and place of disinfection, as well as the measures to be employed for the destruction of rats and mosquitoes, are to be fixed by authority of the country of destination. These operations should be performed in such a manner as to cause the least possible injury to the objects.

The PRESIDENT. As I understand, this is a resolution made by Doctor Alcivar that it should read in that way?

Doctor GUITERAS. Doctor Alcivar makes that suggestion. He moves that the words "and mosquitoes" be introduced in connection with the destruction of rats wherever those words occur, so as to make it read "rats and mosquitoes" in article 15, so that that article will read:

The method and place of disinfection, as well as the measures to be employed for the destruction of rats and mosquitoes, are to be fixed by the authority of the country of destination upon arrival at said destination. These operations should be performed in such a manner as to cause the least possible injury to the merchandise.

It devolves upon each State to determine questions relative to the payment of damages resulting from disinfection or from the destruction of rats or mosquitoes. If taxes are levied by a sanitary authority, either directly or through the agency of any company or agent, to insure measures for the destruction of rats and mosquitoes on board ship, the amount of these taxes ought to be fixed by a tariff published in advance, and the result of these measures should not be a source of profit for either State or sanitary authorities.

Article 15 was here read in Spanish by Doctor Moore.

The PRESIDENT. Are you ready for the question?

Doctor Lavoreria here addressed the convention in Spanish, his remarks being translated by Doctor Ulloa.

Doctor Lavoreria said that this was a question of translation, of fixing in clear terms the meaning of the article in Spanish. He said that in Spanish two interpretations could be given to that article. Some might understand that the country to which the merchandise was going might authorize the country from which the merchandise came to use certain disinfections, but the proper way would be for the country from which the merchandise comes to put in force the measures to disinfect those articles. He said that he thought it was chiefly a question of interpretation.

Doctor GUITERAS. The question is a delicate one, and to make it perfectly clear I will give you an example. Say, for example, that we understand that this means that if Peru has the plague, Chile should tell Peru how she should handle these things.

The PRESIDENT. Is that your understanding?

Doctor GUITERAS. That is my understanding. It says: "The place and method of disinfection, as well as the measures to be employed for the destruction of rats and mosquitoes are to be fixed by authority of the country of destination."

In things coming from Cuba to the United States you will have to tell Cuba how she should disinfect, and I think that is right. You should object if Cuba is not disinfecting things properly. You will refuse to receive the things unless they are disinfected there according to your notion, and we will do the same thing with you. If things are not being disinfected according to our views, which are coming from the United States, we will object, and therefore we will force you to do the thing in the proper way.

I am trying to make it clear. I am not discussing the question as yet. I am simply trying to make it clear. I have not given an opinion, and I do not know whether I can give one.

Discussion in Spanish, participated in by Doctors Licéaga, Medina, Guiteras, and Moore, followed at this point.

The SECRETARY. Here I have a translation of this convention which says: "It rests with the authority of the country to which the articles are consigned to decide in what manner and at what place the disinfection shall be carried out," etc. I think by simply adding the words "of this country" that will fix it.

Doctor GUITERAS. "On arrival." It means that the country that receives the goods will decide how it will manage them, and I think it is necessary to add "upon arrival."

The PRESIDENT. Is there a motion before the convention?

Doctor GUITERAS. There is no motion.

Further discussion in Spanish followed.

Doctor Guiteras here read article 15 in English as amended.

Doctor Moore read the article in Spanish as amended.

Doctor GUITERAS. That is plain now.

Article 15 was agreed to.

Doctor GUITERAS. Article 16 reads:

ARTICLE 16. Letters and correspondence, printed matter, books, newspapers, business papers, etc. (postal parcels not included), are not to be submitted to any restriction or disinfection. In case of yellow fever postal parcels are not to be subjected to any restrictions or disinfection.

Article 16 was read in Spanish by Doctor Moore.

Article 16 was agreed to.

Doctor GUITERAS. The next article reads:

ARTICLE 17. Merchandise arriving by land or by sea should not be retained at frontiers or in ports.

Measures which it is permissible to prescribe with respect to them are specified in article 12.

Nevertheless, when merchandise arriving by sea in bulk (vrac), or in defective bales, is contaminated by pest-stricken rats during the passage, and is incapable of being disinfected, the destruction of the germs may be assured by putting said merchandise in a warehouse for a period to be decided by the sanitary authorities of the port of arrival.

It is to be understood that the application of this last measure should not entail delay upon any vessel nor extraordinary expenses resulting from the want of warehouses in ports.

Article 17 was here read in Spanish by Doctor Moore.

The PRESIDENT. Are there any comments or any resolutions to be offered on this article?

Doctor Lavoreria addressed the convention in Spanish.

Doctor GUITERAS. Does anyone here know exactly what the term "vrack" means? In the Spanish translation they have copied it as it was in the French copy.

Doctor GEDDINGS. It means "in bulk."

Doctor GUITERAS. It says "in vrac, or imperfectly packed."

Doctor GEDDINGS. It means not packed, or imperfectly packed.

Doctor GUITERAS. In bulk, or in defective bales.

Doctor GEDDINGS. Defective packages, it ought to be.

Doctor GUITERAS (reading):

ARTICLE 17. Merchandise arriving by land or by sea should not be retained at frontiers or in ports.

The PRESIDENT. May I interrupt you to ask the distinction between "detained" and "retained?"

Doctor GUITERAS. As I understand it, "retained" means permanently, whereas "detained" means only temporarily. I do not know whether I am right on that. I do not know whether this is really so. We are using the French authority for it. They use "retinue;" but when they mean for a limited time they use the word "detinue."

The PRESIDENT. That word is not a sufficient word in the English language, if that is the idea. Doctor Stiles remarks that in French that really means "embargo."

Doctor GUITERAS. Shall we say "detained permanently," then?

The PRESIDENT. I think that would be better.

Doctor GUITERAS. Very well, we will make it read "detained permanently."

I will read it again.

ARTICLE 17. Merchandise arriving by land or by sea should not be detained permanently at frontiers or in ports.

Measures which it is permissible to prescribe with respect to them are specified in article 12.

Nevertheless, when merchandise arriving by sea in bulk (vrac) or in defective packages is contaminated by pest-stricken rats during the passage and is incapable of being disinfected, the destruction of the germs may be assured by putting said merchandise in a warehouse for a period to be decided by the sanitary authorities of the port of arrival.

It is to be understood that the application of this last measure should not entail delay upon any vessel nor extraordinary expenses resulting from the want of warehouses in ports.

Article 17 was read in Spanish by Doctor Moore.

Article 17 was agreed to.

Doctor GUITERAS. In the Spanish copy, in article 17 they have preserved the word, in brackets, "[vrac]," so that it shall be known to be the French. I wish to put it in.

Article 18 reads:

ARTICLE 18. When merchandise has been disinfected by the application of the measures prescribed in article 12 or put temporarily in warehouses in accordance with the third paragraph of article 17, the owner or his representative has the right to demand from the sanitary authority which has ordered such disinfection a certificate setting forth the measures taken.

Article 18 was read in Spanish by Doctor Moore.

The PRESIDENT. You have heard the article read. If there are no remarks, we will vote upon it.

Article 18 was agreed to.

Doctor GEDDINGS. Mr. Chairman, I would like to speak of this article 18. It says—

When merchandise has been disinfected by the application of the measures prescribed in article 12 or put temporarily in warehouses in accordance with the third paragraph of article 12, the owner or his representative has the right to demand from the sanitary authority which has ordered such disinfection a certificate setting forth the measures taken.

I suggest that it should read "such disinfection or deposit."

Doctor GUITERAS. "Which has ordered such disinfection or deposit." I find that this is in the Spanish version already.

The question was taken upon the amendment proposed by Doctor Geddings, and it was agreed to.

Doctor Guiteras here read article 19, as follows:

ARTICLE 19. Baggage. In the case of soiled linen, bed clothing, clothing, and objects forming a part of baggage or furniture coming from a territorial area declared contaminated, disinfection is only to be practiced in cases where the sanitary authority considers them as contaminated. There shall be no disinfection of baggage on account of yellow fever.

The PRESIDENT. Before the Spanish is read I would like to call the attention of Doctor Geddings, who is the representative of that committee, to the French translation—which is very good, by the way—where they use the word "local area."

Doctor GATEWOOD. The word "area" is defined. Why not substitute it for the words "territorial area?" Territorial area is not defined.

Doctor GUITERAS. It says "territorial area." The definition has said that an area was a territory.

Doctor GATEWOOD. "Area" was defined.

Doctor GUITERAS. It was defined as a territory, an area, a village, or any one of the things which it might be. Among the others "territory" was included.

Doctor GATEWOOD. Why not use the word "area?"

Doctor GUITERAS. Shall I read it again?

The PRESIDENT. Read it again.

Doctor GUITERAS. It reads:

In the case of soiled linen, bed clothing, clothing, and objects forming a part of baggage or furniture coming from a territorial area declared contaminated, disinfection is only to be practiced in cases when the sanitary authority considers them as contaminated. There shall be no disinfection of baggage on account of yellow fever.

Article 19 was read in Spanish by Doctor Moore.

The PRESIDENT. I would like to ask Doctor Geddings if he is satisfied with that in its present form?

Doctor GEDDINGS. I am satisfied with that—"territorial area."

Article 19 was agreed to.

Doctor Guiteras read as follows:

SECTION 3. Measures in ports and at maritime frontiers.

ARTICLE 20. Classification of ships. A ship is considered infected which has plague, cholera, or yellow fever on board, or which has presented one or more cases of plague or cholera within seven days or a case of yellow fever at any time during the voyage.

The above was read in Spanish by Doctor Moore.

Discussion in Spanish between the members of the convention followed.

Doctor GUITERAS. We have been discussing merely a verbal correction, which is understood in the Spanish.

The above part of article 20 was again read by Doctor Moore in Spanish.

The part of article 20 already read was agreed to. Doctor Guiteras read as follows:

A ship is considered as suspected on board of which there has been a case or cases of plague or cholera at the time of departure or during the voyage, but no new case within seven days; also such ships as have lain in such proximity to the infected shore as to render them liable to the access of mosquitoes.

The above, read by Doctor Guiteras, was here read in Spanish by Doctor Moore.

That part of article 20 last read in English and Spanish was agreed to.

Doctor GUITERAS. The last paragraph of article 20 reads as follows:

The ship is considered indemne which, although coming from an infected port, has had neither death nor case of plague, cholera, nor yellow fever on board, either before departure, during the voyage, or at the time of arrival, and which in case of yellow fever has not lain in such proximity to the shore as to render it liable to the access of mosquitoes.

I think that should read—

in such proximity to the shore as to render it liable, in the opinion of the authorities, to the access of mosquitoes.

Discussion in Spanish between the members of the convention followed.

Doctor GUITERAS. The gentleman from Ecuador objects to this last paragraph. That is, he desires to discuss it, in regard to indemne ships.

The PRESIDENT. Then it will be necessary for him to make some motion.

Doctor GUITERAS. He asks for an explanation, and I am not able to give it. He asks whether a ship will be considered indemne which has made a trip of, say, only one day from a port in Mexico to a port in Texas, or vice versa—very close across a frontier—after it has left an infected port. Would you consider that ship indemne because it has had no case or cases of cholera, yellow fever, or plague

on board? You see there will have been but one day for a case of any disease to develop.

The PRESIDENT. That evidently was not considered.

Doctor GUITERAS. It was not considered in the Paris conference, I should say.

Discussion in Spanish followed.

Doctor GUITERAS. We are ready for a vote on the last paragraph of article 20.

The last paragraph of article 20 was agreed to.

The PRESIDENT. Article 20 being finished, we should now take a vote on the whole article, as read and adopted by paragraphs.

Article 20 as a whole was agreed to.

Doctor GUITERAS. Article 21 reads:

ARTICLE 21. Ships infected with plague are to be subjected to the following regulations:
1. Medical visit (inspection).
2. The sick are to be immediately disembarked and isolated.
3. Other persons should also be disembarked, if possible, and subjected to an observation[1] which should not exceed five days, dating from the day of arrival.

Then there is a footnote to explain what "observation" means, which reads as follows:

(1) The word observation signifies isolation of the passengers either on board ship or at a sanitary station before being given free pratique.

Article 21 continues:

4. Soiled linen, personal effects in use, the belongings of crew[2] and passengers which, in the opinion of the sanitary authorities, are considered as infected should be disinfected.

Then there is a footnote explaining what the term "crew" means, which reads as follows:

(2) The term crew is applied to persons who may make, or who have made, a part of the personnel of the vessel, and of the administration thereof, including stewards, waiters, "cafedii," etc. The word is to be construed in this sense wherever employed in the present convention.

Then the balance of article 21 reads:

5. The parts of the ship which have been inhabited by those stricken with plague, and such others as, in the opinion of the sanitary authorities, are considered as infected should be disinfected.

6. The destruction of rats on shipboard should be effected before or after the discharge of cargo, as rapidly as possible, and in all cases with a maximum delay of forty-eight hours, care being taken to avoid damage to merchandise, the vessel, and its machinery.

For ships in ballast this operation should be performed immediately before taking on cargo.

Discussion in Spanish followed.

Article 21 was read in Spanish by Doctor Moore.

Article 21 was agreed to.

Article 22 was read by Doctor Guiteras, as follows:

ARTICLE 22. Ships suspected of plague are to be subjected to the measures which are indicated in Nos. 1, 4, 5 of article 21.

Further, the crew and passengers may be subjected to observation, which should not exceed five days, dating from the arrival of the ship. During the same time the disembarkment of the crew may be forbidden, except for reasons of duty.

The destruction of rats on shipboard is recommended. This destruction is to be effected before or after the discharge of cargo, as quickly as possible, and in all cases with a maximum delay of forty-eight hours, taking care to avoid damage to merchandise, ships, and their machinery.

For ships in ballast this operation should be done, if done at all, as early as possible, and in all cases before taking on cargo.

Article 22 was read in Spanish by Doctor Moore.

The article as read was agreed to.

Doctor Guiteras here read article 23 in exactly the form in which it appears in the convention.

Article 23 was here read in Spanish by Doctor Moore.

Discussion in Spanish followed.

Doctor GUITERAS. I have merely called attention to the fact that they have used "observation" here instead of "surveillance," and we thought that we had agreed in this case that we might use "surveillance," because we were speaking of an indemne ship.

Further discussion in Spanish followed.

Doctor GUITERAS. We are ready to vote, Mr. President.

Article 23 as read was agreed to.

Doctor Guiteras read article 24, as follows:

ARTICLE 24. When upon an indemne ship rats have been recognized as pest stricken as a result of bacteriological examination, or when marked mortality has been established among these rodents, the following measures should be applied:

1. Ships with plague-stricken rats:

(a) Medical visit (inspection).

(b) Rats should be destroyed before or after the discharge of cargo, as rapidly as possible, and in all cases with a delay not to exceed forty-eight hours; the deterioration of merchandise, vessels, and machinery to be avoided. Upon ships in ballast this operation should be performed as soon as possible, and in all cases before taking on cargo.

(c) Such parts of the ship and such articles as the local sanitary authority regards as infected shall be disinfected.

(d) Passengers and crew may be submitted to observation the duration of which should not exceed five days, dating from the day of arrival, except in exceptional cases, where the sanitary authority may prolong the observation to a maximum of ten days.

The above paragraph of article 24 was here read in Spanish by Doctor Moore.

The SECRETARY. Here is the same difference again. In the English copy they have used the word "observation" while in the Spanish copy it is "surveillance." That appears in paragraph (d).

Doctor GUITERAS. Yes. There is one correction to be made here, and one only. It is a verbal correction. Doctor McCaw suggests the substitution of the word "special" for "exceptional" in paragraph (d). We are now ready to vote on the first paragraph of article 24.

Paragraph No. 1 of article 24 was agreed to.

Doctor Guiteras here read paragraph 2 of article 24, as follows:

2. Ships where a marked mortality among rats is observed:

(a) Medical visit (inspection).

(b) An examination of rats, with a view to determining the existence of plague, should be made as quickly as possible.

(c) If the destruction of rats is judged necessary, it shall be accomplished under the conditions indicated above in the case of ships with plague-stricken rats.

(d) Until all suspicion may be eliminated the passengers and crew may be submitted to observation, the duration of which should not exceed five days, counting from the date of arrival, except in special cases, when the sanitary authority may prolong the observation to a maximum of ten days.

The second paragraph of article 24 was here read in Spanish by Doctor Moore.

The second paragraph of the article was agreed to.

The PRESIDENT. Now, the whole article should be agreed to.

The entire article No. 24 was adopted.

Doctor Guiteras read article 25, as follows:

ARTICLE 25. The sanitary authorities of the port must deliver to the captain, the owner, or his agent, whenever a demand for it is made, a certificate setting forth that the measures for the destruction of rats have been efficacious and the reasons why these measures have been applied.

Article 25 was read in Spanish by Doctor Moore.

Article 25 was agreed to.

Doctor Guiteras read article 26, as follows:

ARTICLE 26. Ships infected with cholera are to be subjected to the following regulations:

1. Medical visit (inspection).

2. The sick are to be immediately disembarked and isolated.

3. Other persons ought also to be disembarked, if possible, and subjected, dating from the arrival of the ship, to an observation, the duration of which will vary according to the sanitary condition of the ship and the date of the last case, without, however, exceeding five days.

Doctor GUITERAS. That is expressed in the Spanish copy, "the duration of which will vary according to the sanitary condition of the ship and the date of the last case."

The PRESIDENT. Was that change made by our committee? As I understand it, we took that agreement that was passed in Paris, and we are to adapt it to our needs. If that has been changed by the committee it should be changed in the English as well as the Spanish.

Doctor GUITERAS. I have forgotten how the difference arose.

The PRESIDENT. There is a discrepancy between the English and the Spanish texts. Was this done on purpose?

Doctor GUITERAS. In the Spanish they have eliminated "varying with the sanitary condition." What is the use of telling them that when you say that it will not exceed five days? We will eliminate that in the English copy, so as to make it agree.

The PRESIDENT. Very well, do that, so that they may agree.

Doctor Guiteras here continued the reading of article 26, as follows:

3. Other persons ought also to be disembarked, if possible, and subjected, dating from the arrival of the ship, to an observation, the duration of which shall not exceed five days.

4. Soiled linen, wearing apparel, and personal effects of crew and passengers which, in the opinion of the sanitary authority of the port, are considered as infected are to be disinfected.

5. The parts of the ship which have been inhabited by persons sick with cholera, or which are considered by the sanitary authority as infected, are to be disinfected.

6. The bilge-water is to be discharged after disinfection. The sanitary authority may order the substitution of good potable water for that which is contained in the tanks on board.

The discharge or throwing overboard into the water of a port of dejecta shall be forbidden unless they have been previously disinfected.

Article 26 was read in Spanish by Doctor Moore.

Article 26 was agreed to.

Doctor Guiteras read article 27, as follows:

ARTICLE 27. Ships suspected of cholera are to be subjected to measures prescribed under Nos. 1, 4, 5, and 6 of article 26.

The crew and passengers may be subjected to an observation which should not exceed five days, to date from the arrival of the ship. It is recommended during the same time to prevent the debarkation of the crew except for reasons of duty.

Article 27 was read in Spanish by Doctor Moore.

Article 27 was agreed to.

Doctor Guiteras here read article 28, as follows:

ARTICLE 28. Ships indemne of cholera are to be admitted to free pratique immediately, whatever may be the nature of their bill of health.

The only regulations which the sanitary authorities of a port may prescribe in their case are the measures provided in Nos. 1, 4, and 6 of article 26.

The crews and passengers may be submitted, in order to show their state of health, to an observation, which should not exceed five days, to be computed from the date when the ship sailed from the infected port.

It is recommended that during the same time the debarkation of the crew be forbidden except for reasons of duty.

Competent authority at the port of arrival may always demand, under oath, a certificate from the ship's surgeon, or in the absence of a surgeon, from the captain, setting forth that there has not been a case of cholera upon the ship since sailing.

Article 28 was read in Spanish by Doctor Moore.

Article 28 was agreed to.

Doctor Guiteras read article 29, as follows:

ARTICLE 29. Competent authority will take account, in order to apply the measures indicated in articles 21 to 28, of the presence of a physician on board and a disinfecting apparatus in ships of the three categories mentioned above.

In regard to plague, it will equally take account of the installation on board of apparatus for the destruction of rats.

Sanitary authorities of such states where it may be convenient to make such regulations may dispense with the medical visit and other measures toward indemne ships which have on board a physician specially commissioned by their country.

Article 29 was read in Spanish by Doctor Moore.

Article 29 was agreed to.

Doctor Guiteras read article 30, as follows:

ARTICLE 30. Special measures may be prescribed in regard to crowded ships, notably emigrant ships, or any other ship presenting bad hygienic conditions.

Doctor GUITERAS. Is that correct, "bad hygienic conditions?"

Doctor GEDDINGS. That is proper.

Doctor GATEWOOD. Doctor Stiles suggests that you make it read "poor hygienic conditions," which sounds a little better.

Doctor GEDDINGS. What is the matter with "unhygienic conditions?"

Article 30 was read in Spanish by Doctor Moore.

Article 30, as read in English by Doctor Guiteras, and in Spanish by Doctor Moore, was agreed to.

Doctor Guiteras here read article 31, as follows:

ARTICLE 31. Any ship not desiring to be subjected to the obligations imposed by the authority of the port in virtue of the stipulations of the present convention is free to proceed to sea.

It may be authorized to disembark its cargo after the necessary precautions shall have been taken, namely, first, isolation of the ship, its crew, and passengers; second, in regard to plague, demand for information relative to the existence of an unusual mortality among rats; third, in regard to cholera, the discharge of the bilge-water after disinfection and the substitution of a good potable water for that which is provided on board the ship.

Authority may also be granted to disembark such passengers as may demand it, upon condition that these submit themselves to all measures prescribed by the local authorities.

Article 31 was read in Spanish by Doctor Moore.

Article 31 was agreed to.

Doctor Guiteras read article 32, as follows:

ARTICLE 32. Ships coming from a contaminated port, which have been disinfected and which may have been subjected to sanitary measures applied in an efficient manner, shall not undergo a second time the same measures upon their arrival at a new port, provided that no new case shall have appeared since the disinfection was practiced, and that the ships have not touched in the meantime at an infected port.

When a ship only disembarks passengers and their baggage, or the mails, without having been in communication with *terra firma*, it is not to be considered as having touched at a port, provided that in the case of yellow fever it has not approached sufficiently near the shore to permit the access of mosquitos.

Article 32 was read in Spanish by Doctor Moore.
Discussion in Spanish followed.
The PRESIDENT. Has there been any change in the language?
Doctor GUITERAS. No; only a change in the wording.
Article 32 was agreed to.
Doctor Guiteras read article 33, as follows:

ARTICLE 33. Passengers on an infected ship have the right to demand of the sanitary authority of the port a certificate showing the date of their arrival and the measures to which they and their baggage have been subjected.

Article 33 was read in Spanish by Doctor Moore.
Article 33 was agreed to.
Doctor Guiteras read article 34, as follows:

ARTICLE 34. Packet boats shall be subjected to special regulations, to be established by mutual agreement between the countries in interest.

Article 34 was read in Spanish by Doctor Moore.
Article 34 was agreed to.
Doctor Guiteras read article 35, as follows:

ARTICLE 35. Without prejudice to the right which governments possess to agree upon the organization of common sanitary stations, each country should provide at least one port upon each of its seaboards, with an organization and equipment sufficient to receive a vessel, whatever may be its sanitary condition.

When an indemne vessel, coming from an infected port, arrives in a large mercantile port, it is recommended that she be not sent to another port for the execution of the prescribed sanitary measures.

In every country ports liable to the arrival of vessels from ports infected with plague, cholera, or yellow fever, should be equipped in such a manner that indemne vessels may there undergo imediately upon their arrival the prescribed measures and not be sent for this purpose to another port.

Governments should make declaration of the ports which are open in their territories to arrivals from ports infected with plague, cholera, or yellow fever.

Article 35 was read in Spanish by Doctor Moore.
Discussion in Spanish followed.
Article 35 was agreed to.
Doctor Guiteras read article 36, as follows:

ARTICLE 36. It is recommended that in large seaports there be established:

(a) A regular medical service and a permanent medical supervision of the sanitary conditions of crews and the inhabitants of the port.

(b) Places set apart for the isolation of the sick and the observation of suspected persons. In the Stegomyia belt there must be a building or part of a building screened against mosquitos, and a launch and ambulance similarly screened.

(c) The necessary installation for efficient disinfection and bacteriological laboratories.

(d) A supply of potable water above suspicion, for the use of the port, and the installation of a system of sewerage and drainage adequate for the removal of refuse.

Article 36 was read in Spanish by Doctor Moore.
Article 36 was agreed to.
Doctor Guiteras read as follows:

SECTION 4. Measures upon land frontiers, travelers, railroads, frontier zones, river routes.

ARTICLE 37. Land quarantines should no longer be established, but the governments reserve the right to establish camps of observation if they should be thought necessary for the temporary detention of suspects.

Only persons presenting systems of plague, cholera, or yellow fever should be detained at frontiers.

This principle does not exclude the right of each State to close a part of its frontier in case of necessity.

The PRESIDENT. Would you leave the word "State" in there? It might be interpreted to mean each State in the United States.

Doctor GUITERAS. Would you object to substituting the word "Government?"

The PRESIDENT. No.

A DELEGATE. Make it read "country."

Doctor GUITERAS. Country, yes. Then it will read:

This principle does not exclude the right for each country to close a part of its frontier in case of necessity.

Article 37 was here read in Spanish by Doctor Moore.

Doctor GUITERAS. Mr. Chairman, I move that the second paragraph of this article be omitted, namely, that part which reads:

Only persons presenting symptoms of plague, cholera, or yellow fever should be detained at frontiers.

Doctor GEDDINGS. I second that motion.

Doctor GUITERAS. I make this motion because I take it that the second paragraph is in contradiction of the first paragraph of this article. The first paragraph of this article reads:

Land quarantines should no longer be established, but the governments reverse the right to establish camps of observation if they should be thought necessary for the temporary detention of suspects.

Now, after saying that these camps of observation may be established if it is deemed necessary, it declares that only sick persons shall be detained, the language being "only persons exhibiting symptoms of plague, cholera, or yellow fever should be detained at frontiers."

The PRESIDENT. Are you ready for the question on Doctor Guiteras's motion?

Doctor MEDINA. We would like to have it read again in Spanish.

The article as amended was read in Spanish by Doctor Moore.

Doctor MEDINA. That is all right.

The amendment of Doctor Guiteras was agreed to.

The PRESIDENT. The amendment is adopted. The question now is on the adoption of the article as read.

Article 37 as amended was agreed to.

Article 38 was read by Doctor Guiteras as follows:

ARTICLE 38. It is important that travelers should be submitted to a surveillance on the part of the personnel of railroads, to determine their condition of health.

Article 38 was read in Spanish by Doctor Moore.

Article 38 was agreed to.

Doctor Guiteras here read article 39, as follows:

ARTICLE 39. Medical intervention is limited to a visit (inspection) with the taking of temperature of travelers, and the succor to be given to those actually sick. If this visit is made, it should be combined as much as possible with the custom-house inspection, to the end that travelers may be detained as short a time as possible. Only persons evidently sick should be subjected to a searching medical examination.

Article 39 was read in Spanish by Doctor Moore.

Discussion in Spanish followed, being participated in by Doctor Lavoreria, Doctor Licéaga, and Doctor Alcivar.

Doctor GUITERAS. The question is, Mr. President, on the taking of the temperature. Article 39 says: "Medical intervention is limited to a visit (inspection) with the taking of temperature of travelers, and the succor to be given to those actually sick."

The gentleman from Peru would rather have the taking of the temperature limited—or, rather, when it is necessary. Doctor Licéaga insists that authority should be given to take the temperatures of everybody. I am in favor of reserving the authority to take temperatures.

The PRESIDENT. The physician can do it or not, if he pleases.

Doctor GUITERAS. Yes, sir; but he ought to have the authority to do it.

Further discussion in Spanish followed.

Doctor GUITERAS. The amendment is withdrawn. We are ready for the vote.

Article 39 was agreed to.

Doctor Guiteras read article 40, as follows:

ARTICLE 40. As soon as travelers coming from an infected locality shall have arrived at their destination, it would be of the greatest utility to submit them to a surveillance, which should not exceed ten or five days, counting from the date of departure, the time depending upon whether it is a question of plague or cholera. In case of yellow fever the period should be six days.

Article 40 was read in Spanish by Doctor Moore.

Article 40 was agreed to.

Doctor Guiteras read article 41, as follows:

ARTICLE 41. Governments may reserve to themselves the right to take particular measures in regard to certain classes of persons, notably vagabonds, emigrants, and persons traveling or passing the frontier in groups.

Article 41 was read in Spanish by Doctor Moore.

Doctor GATEWOOD. In groups?

Doctor ULLOA. "Groups" is all right.

Dr. H. L. E. JOHNSON. Is not that meant to apply to roving bands of gypsies and tramps?

Doctor GATEWOOD. Why not put it both ways—bands and groups?

The PRESIDENT. I will call upon Doctor Geddings to explain this.

Doctor GEDDINGS. This refers to vagabonds traveling in parties. It refers to tramps and gypsies and those who pass the frontier in troupes. Not in a military sense.

The PRESIDENT. You mean theatrical troupes?

Doctor GEDDINGS. Yes, sir; theatrical troupes. A band or group, would be all right.

Doctor GUITERAS. It might be understood to be military—troops of cavalry, for instance.

Doctor ULLOA. Put it groups, then.

Doctor GUITERAS. No; because groups may be very small. I think "bands" would be better.

Doctor GEDDINGS. I move to substitute "groups."

Dr. H. L. E. JOHNSON. I would suggest that we cover both situations by using both terms, and making it read "bands" or "groups." That would express it properly in English. I do not know how it would go in Spanish.

Doctor GUITERAS. I think that "groups" is so general that it might be applied to very small groups—a group, for instance, of five persons—and this certainly does not apply to such small numbers as that. It refers to such large bands as are difficult to handle and to discipline and to follow. But when it comes to small bands, I do not think it intends to interfere with them. A small group is a carload of people. Certainly you are not going to interfere with them. The word

"bands" means large groups moving without discipline. I do not see the necessity of using the term "groups."

The PRESIDENT. There is a suggestion, and the motion is before us, that the word be changed from "groups" to "bands." I think Doctor Johnson has a suggestion to make.

Doctor JOHNSON. No, sir; I withdraw that motion which I made.

The PRESIDENT. Then the question is on the motion of Doctor Geddings.

The question was taken upon the motion of Doctor Geddings, and the motion was agreed to.

Article 41 was agreed to.

Doctor Guiteras read article 42, as follows:

ARTICLE 42. Coaches intended for the transportation of passengers and mails should not be retained at frontiers.

In order to avoid this retention a system of relays ought to be established at frontiers, with transfer of passengers, baggage, and mails. If one of these carriages be infected or shall have been occupied by a person suffering from plague, cholera, or yellow fever——

Doctor GUITERAS. No; I do not accept yellow fever there. No, no. And yet, supposing a case of yellow fever on a train, should not that car be disinfected? Yes; a mosquito might have bitten the person. Yes; that is right.

[Continuing reading]:

If one of these carriages be infected, or shall have been occupied by a person suffering from plague, cholera, or yellow fever it shall be detached from the train for disinfection at the earliest possible moment.

Article 42 was read in Spanish by Doctor Moore.

Article 42 was agreed to.

Doctor Guiteras read article 43 as follows:

ARTICLE 43. Measures concerning the passing of frontiers by the personnel of railroads and of the post-office are a matter for agreement by the interested administrations. These measures should be so arranged as not to hinder the service.

Article 43 was read in Spanish, as above, by Doctor Moore.

Article 43 was agreed to.

Doctor GATEWOOD. What does the word "administrations" mean there? Does it mean the administration of the railroads, or of the countries?

Doctor GUITERAS. It says "personnel of railroads, and of the post-office."

Doctor GATEWOOD. If the railroads happen not to be under governmental control, the matter might be arranged by the railroads, then, according to that.

Dr. H. L. E. JOHNSON. Would it not be better to say, "agreement of the countries interested?"

The PRESIDENT. It should be, really "the sanitary authorities."

Dr. H. L. E. JOHNSON. It says "agreement by the interested administrations," whereas I think it should say "the countries interested."

The SECRETARY. I think it should read "sanitary authorities."

Doctor GUITERAS. I will make it read, then, "sanitary authorities," "a matter for agreement of the sanitary authorities."

The PRESIDENT. We have already adopted article 43 without this amendment.

Dr. H. L. E. JOHNSON. In order that we may consider that, I move that we reconsider the adoption of article 43.

The motion was seconded.

The question on the reconsideration of article 43 was taken and the motion was agreed to.

The PRESIDENT. The motion for reconsideration of article 43 has been carried, and article 43 is now before you. Amendments are in order.

Dr. H. L. E. JOHNSON. I move that article 43 be amended as agreed upon, and that the amendment as proposed here be read.

Doctor Guiteras here read article 43, as amended, as follows:

ARTICLE 43. Measures concerning the passing of frontiers by the personnel of railroads and of the post-office are a matter for agreement of the sanitary authorities. These measures should be so arranged as not to hinder the service.

Article 43 as amended was read in Spanish by Doctor Moore.

Upon motion of Dr. H. L. E. Johnson, duly seconded, article 43 as amended was agreed to.

Doctor Guiteras read article 44 as follows:

ARTICLE 44. The regulation of frontier traffic, as well as the adoption of exceptional measures of surveillance, should be left to special arrangement between contiguous states.

The SECRETARY. The last word in that article should be changed to "countries."

Doctor GUITERAS. Yes.

The PRESIDENT. Make it "countries."

Article 44, as amended, was read in Spanish by Doctor Moore.

Article 44 was agreed to.

Doctor Guiteras read article 45 as follows:

ARTICLE 45. The power rests with governments of countries bordering upon rivers to regulate by special regulations the sanitary régime of river routes.

Article 45 was read in Spanish by Doctor Moore.

Article 45 was agreed to.

Doctor GUITERAS. Mr. President, there is another article here which, I suppose, will raise no objection at all, but the question as to the title of that article is one that I wish to present.

The PRESIDENT. We have finished all those articles which are ready and we will now adjourn until 3 o'clock p. m.

Thereupon the convention took a recess until 3 o'clock p. m.

Afternoon Session.

The convention was called to order at the conclusion of the recess, at 3 o'clock p. m., by the president, Surgeon-General Wyman.

The PRESIDENT. If it is agreeable to the convention, before we proceed again with these articles that we have almost finished, and pending the arrival of one or two members, Doctor Howard being present, we will hear from him now on the distribution of the *Stegomyia* mosquito.

Doctor HOWARD. Mr. President and members of the convention, I realize that you are very busy and have a great many matters on hand, and I shall be as brief as I possibly can be.

I wish to state that in the investigation of the yellow-fever mosquito I have been assisted by many other men. My own investigations have led me to Mexico, where I have received the very greatest possible courtesy at the hands of Doctor Licéaga, who has given me letters of introduction to the people I wanted to meet most in

Mexico and assisted me in every possible way. I wish also to render publicly my thanks to Doctor Guiteras for the opportunity of seeing everything in the Las Animas Hospital in Habana, and I think that it was probably through the kind words of Doctor Guiteras that I was able to land at all in Habana, because I arrived on a steamer from Veracruz, and no one was allowed to go off; but I gave my card to the medical inspector, and I said, "Give my card to Doctor Guiteras," and there were no more formalities, and I was the only person who was allowed to go ashore.

In order to be as brief as possible, I think that I had better read an abstract of what I intended to say, which is short, and, I hope, to the point. You will observe that I speak of myself in this in the third person.

Doctor Howard here read his abstract. (See Appendix, p. 214.)

The PRESIDENT. We have on our programme a very short paper from Dr. H. L. E. Johnson, and we will be very glad to hear it now.

Dr. H. L. E. Johnson read the paper referred to, in English. (See Appendix, p. 217.)

The PRESIDENT. Doctor McCaw, of the United States Army, wishes to make the announcement to the convention that during the last year there have been published by the Surgeon-General's Office the results of the investigations of the Board of Army Officers during the Spanish-American war on the spread of typhoid fever in camps. This book has been edited and gotten out finally by the last surviving member of the board, Dr. Victor C. Vaughan. It is a very voluminous and heavy book, in two volumes, one volume consisting of an atlas and diagrams and the other volume being a book of statistics. The work is not of great value to the practitioner—it is too large for the ordinary library; but it is of great interest to those interested in public health. On behalf of the Surgeon-General of the Army I would say that I will present to every member of this conference a copy of this work if they will give me the address to which they wish it sent. I can send it by mail to anyone in the United States, either to the legations or anywhere else. I think perhaps if it were sent to South American countries it would be likely to be lost in the mail. I would be very glad if anyone who desires a copy would let me know.

The announcement of Doctor McCaw was translated into Spanish by the secretary.

Doctor GUITERAS. I move that the thanks of the convention be transmitted to the Surgeon-General of the United States Army for this kind offer.

The motion was seconded, and was agreed to.

Doctor GUITERAS. Is the paper of Doctor Howard open for discussion, or can any remarks be made?

The PRESIDENT. It would be very acceptable to have remarks made upon it.

Doctor GUITERAS. First, in respect to the biting of the *Stegomyia* late in the afternoon, or whether biting in the heated hours of the day, perhaps attracted by the odor of perspiration. There is a strong argument against admitting that view of one of the gentlemen quoted by Doctor Howard, and that is that the mosquitoes avoid negroes; and if there is a strong odor of perspiration to be found anywhere, it is that which is to be found in negroes. So that I do not believe that the odor of perspiration attracts mosquitoes.

Relative to the frequency of biting, undoubtedly the period given by one of the gentlemen, five or six days, is too long. The other estimate, forty-eight hours, is correct. The female *Stegomyia* will bite every forty-eight hours.

But the question I am going to touch upon now is not mentioned in Doctor Howard's paper, but it is certainly intimately related to the question of the distribution of the *Stegomyia*. We want to know the geographical distribution of the *Stegomyia* and study it so thoroughly, because we suppose that the area over which the *Stegomyia* ranges will correspond with the area over which the yellow fever is found, and therefore the conclusion can be drawn that yellow fever will not spread beyond that area. I want to make a statement that this is not so; that I believe there is yellow fever in districts outside of the districts of the *Stegomyia fasciata*, at least outside of the ordinary distribution. I believe, in other words, that yellow fever may be spread and may be carried—perhaps not a large epidemic, but it may spread—where *Stegomyia* is not found. In other words, *Stegomyia* may be carried to such a place as Atlanta in the early spring and summer or even farther north, when it is warm enough for it to spread. Two or three females full of eggs may be carried in a sleeper to one of these places and they will breed sufficient mosquitoes by the end of the summer—in August, for instance—to spread an epidemic of yellow fever. I believe such a thing happened in Madrid not long since, where a female mosquito was able to breed sufficiently to make a small epidemic. I believe that there is considerable danger in some of the ports of a small epidemic, and I think none of them are entirely free from the danger. I believe that such freedom is only relative, and I may add that Doctor Finlay is of the same opinion.

The SECRETARY. Just a few remarks in confirmation of what Doctor Guiteras has said. A few years ago there was an epidemic in Alajuela, about 12 miles outside of San José, in Costa Rica, a place which is not quite so high as San José, but nearly so. San José is 3,868 feet and Alajuela is 3,001 feet above the level of the sea. Of course, before the theory of the mosquito transmission of the disease became a doctrine, we had the idea that yellow fever could not develop in high altitudes, but nevertheless there was a very serious epidemic in the city of Alajuela, and the government had considerable trouble in eradicating it. And I believe, as Doctor Guiteras has stated, that the epidemic might have been due to some mosquitoes being brought from Punta Arenas, which is a port on the Pacific, during the summer season when they cart coffee from the interior to the port on the Pacific; and from there the carts or freight might have brought some of these mosquitoes. Some people came from the port ill and developed yellow fever in Alajuela, and the *Stegomyia* might have been found there and become contaminated, and in this manner started the epidemic.

The PRESIDENT. Are there any other remarks? This is a very interesting and important subject.

Doctor MEDINA. I would mention that I have information also that we had two cases in Managua, quite a distance from Corinto, some 150 miles away. We had two cases, but both those were of passengers who had come from Panama. The cases were developed, and they died in Managua; but the infection was not present, and those were the only two cases that we had.

The secretary here translated into Spanish the substance of the preceding remarks upon this subject.

Doctor Licéaga addressed the convention in Spanish.

The SECRETARY. Doctor Licéaga has said that he desires to make the following explanation on the point under discussion: He says that in a high altitude in Mexico, about 2,000 feet, where the City of Mexico is situated, they made the following experiment: They brought some mosquitoes from Veracruz, which has been, as we all know, a great focus for yellow fever for a good many years back, and they succeeded in breeding through three generations the mosquitoes of the *Stegomyia fasciata*, and the only difference they found was that the mosquitoes bred in Mexico did not last as long as those bred in Veracruz.

Doctor Licéaga concluded by saying, very wisely, that this illustrates the possibility of yellow fever developing in a city at that altitude if the authorities were not careful enough in the treatment they accord to our friends the *Stegomyia*.

Doctor Licéaga said that he wants to thank Doctor Howard kindly for his expressions concerning the treatment he received in Mexico. He extends his thanks to you, Doctor.

Doctor HOWARD. May I say a word in reply?

The PRESIDENT. Doctor Howard.

Doctor HOWARD. I am particularly interested in the instances given by Doctor Ulloa and by Doctor Licéaga, and by the generalization made by Doctor Guiteras. The subject is covered pretty fully on page 4 of this pamphlet, which I understand was distributed among the members of the convention during the sessions of the first day, and I speak there of the danger of these mosquitoes coming up the Mississippi River and the Ohio River, and being carried in steamboats and in trains, and of the likelihood of epidemics being caused in that way.

During the trip of which I have already spoken, on which my labors were so facilitated by Doctor Licéaga's kindness, the highest point at which I found the *Stegomyia* breeding—I was there in May, but it could have been carried up there—was at Orizaba, which is at an elevation of 4,500 feet above sea level, and it was not an original denizen there, as it was at the coast. But when the railroad was built up into the country at Mexico, it was carried up farther, and then it died down a little bit, but it finally established itself at Cordova, and then finally at Orizaba. The first cases in Orizaba were all of persons living in a small radius, close around the railroad station. In the next epidemic they spread out a few hundred yards farther and took in another block of houses a little farther off from the railroad station as a center, and it may be that in course of time they will establish themselves permanently a little farther off from the railroad station. But at any rate that point, at Orizaba, is the highest point where I found the *Stegomyia* mosquito permanently breeding in the country of Mexico.

The secretary translated the remarks of Doctor Howard in Spanish.

The PRESIDENT. Are there any further remarks on Doctor Howard's paper?

Doctor Lavorería addressed the convention in Spanish, his remarks being translated into English by the secretary.

The SECRETARY. Doctor Lavorería says that in Peru they have not yellow fever, and they do not have any form that refers to this disease, and consequently they do not know much about the *Stegomyia fasciata*, and they would like to know about what temperature is requisite for the development of the *Stegomyia*.

Doctor HOWARD. Will you ask him if it is not known in Callao?

The secretary here addressed the question in Spanish to Doctor Lavorería.

The SECRETARY. He says that he does not know. He says that they have it on the coast, but that they have not had any yellow fever since 1868.

The PRESIDENT. If there is no objection, we will now continue with the articles of the convention.

Doctor GUITERAS. The last article is to be designated "transitory disposition," if that title is approved. This term is official, and it is used in treaties officially, so that we have adopted it for this last article. This reads as follows:

TRANSITORY DISPOSITION.

The Governments which may not have signed the present convention are to be admitted to adherence thereto upon demand; notice of this adherence to be given through diplomatic channels to the Government of the United States of America, and by the latter to the other signatory Governments.

The above clause was read in Spanish by Doctor Moore.

The clause was agreed to.

Doctor Guiteras read as follows:

Made and signed in the city of Washington on the 14th day of the month of October, nineteen hundred and five, in two copies, in English and Spanish respectively, which shall be deposited in the State Department of the Government of the United States of America, in order that certified copies thereof, in both English and Spanish may be made, to transmit them through diplomatic channels to each one of the signatory countries.

Doctor GUITERAS. Should we not add here at the end of this that in case of doubt or disagreement the English text should be considered as the standard?

The PRESIDENT. Doctor Geddings, do you remember any such wording?

Doctor GEDDINGS. No, sir.

Doctor GUITERAS. The word has been used in connection with the French language. It was said that in case of disagreement between the two versions the French text should be considered as the standard.

Since we have two languages, we must use one or the other, and the committee has agreed to choose the English.

Discussion followed.

The transitory disposition was again read by Doctor Guiteras in English, and was then read by Doctor Moore in Spanish.

The transitory disposition was agreed to.

Doctor Moore made some remarks in Spanish upon the wording of the transitory disposition.

The SECRETARY. Doctor Moore proposes that the convention should be signed to-day instead of to-morrow.

Doctor GUITERAS. Then the date should be the 13th instead of the 14th.

The PRESIDENT. I think that it would be excellent if we could sign it to-day, but whether we can or not depends on the typewriters. It depends on whether they can complete the typewriting to-day.

Doctor Moore here addressed the convention in Spanish.

The SECRETARY. Doctor Moore says that in the committee it was agreed that the convention should be signed to-day, and of course if it is impossible through mechanical difficulties, it can not be done, but he suggests that the date might be left the 13th, although we do not sign it until to-morrow. I am sorry, for Doctor Moore's sake, that this can not be done, because the treaty to be signed is an international convention, and it must be done exactly as it is stated. We can not sign it to-morrow saying that it was signed to-day, because that might invalidate the treaty. You may finish the consideration of the document, and agree upon it entirely; but if you can not actually sign it to-day, you can not say in the convention that it is signed to-day.

Doctor Moore here made a remark in Spanish.

The SECRETARY. Doctor Moore says that his motion is withdrawn.

The PRESIDENT. The objection being withdrawn, if you are ready we will have the question.

The question was taken and the transitory disposition was agreed to.

The PRESIDENT. It has been suggested that a motion ought to be made to have an editor for the English copy and one for the Spanish copy, to compare these two documents, one in English and one in Spanish, and that the editors should be authorized to make such verbal changes as will make the convention plain, without altering the meaning.

Doctor GUITERAS. So that it would all have to be written over again?

The PRESIDENT. No, not necessarily.

Doctor GUITERAS. I move that a committee of two be appointed to finally revise these two copies, compare them, and make any verbal arrangement that they may deem necessary.

The PRESIDENT. Any verbal what?

Doctor GUITERAS. Verbal change.

The PRESIDENT. Without altering the sense?

Doctor GUITERAS. Yes, sir. Without altering the sense.

The PRESIDENT. You hear the motion. Is there a second?

The motion was seconded.

The motion was translated into Spanish by Doctor Ulloa.

The question was taken and the motion was agreed to.

The PRESIDENT. The motion is carried. How shall this committee be appointed?

SEVERAL MEMBERS. By the President.

The PRESIDENT. I will appoint Doctor Lavorería, the delegate from Peru, and Doctor Gatewood, of the United States Navy, respectively, as the Spanish and English editors, members of this committee.

Doctor GATEWOOD. Mr. President, I would like to say that inasmuch as the person to whom I shall be a companion in this matter does not speak English, under the circumstances it would be almost impossible for us to compare the Spanish and English copies, the

committee consisting of two members, one of whom speaks only English and the other speaks only Spanish.

The SECRETARY. Is not the object really to compare the two copies? It is simply to read them and make some slight changes, without changing the sense of any article.

Doctor GATEWOOD. The motion for the appointment of the committee said "to compare." It seems to me that there ought to be at least another person on this committee who speaks both languages. Would not Doctor Guiteras serve?

Doctor GUITERAS. Very well, sir, I will change my motion and make it that the committee should be composed of three members.

The motion was seconded, and it was agreed to.

The PRESIDENT. I will appoint Doctor Guiteras as the third member of that committee.

Informal discussion among the members followed.

The PRESIDENT. Is there any other business to come before the convention this afternoon?

Doctor GUITERAS. The continuation of the programme is the only business we have now.

The PRESIDENT. The provisional programme has been largely gone into in connection with this convention. There is the matter of diagnosis of maritime quarantine, and of land quarantine, and of local measures for the eradication of disease. Then the third and fourth headings are still untouched. They read as follows:

3. The mosquito in its relation to yellow fever and malarial fevers. Prevention of the spread of yellow fever by the destruction and elimination of the mosquito.

4. Discussions on sanitation of cities with special reference to the ventilation of habitations and disposal of household wastes.

I would suggest that if your committee might be with the typewriters while they are working on the transcription of this convention it might go very much faster.

Doctor GUITERAS. There are some papers in connection with plague and yellow fever. The end of the programme concerns itself with yellow fever and its transmission by the mosquito.

The PRESIDENT. Then we will have those papers. We will proceed with the programme as far as we may. This is merely a provisional programme, a tentative programme, and we have broken into the order of it pretty extensively.

Doctor MEDINA. I wish to present a resolution before the convention that, as the Republics of San Salvador and Honduras are not represented here, a copy of our convention shall be sent to each one of these Governments, expressing at the same time the pleasure of this convention if they would join with us in making effective the measures prescribed. I explained that to my friend Doctor Ulloa, and also to the representative of Guatemala, and they were in favor of it. Those Republics are not represented, and according to our treaty copies are to be sent only to the countries that have signed, so that they will not receive copies except under some such special provision as this, and I make the motion that copies of the convention be sent to San Salvador and Honduras, and also that this convention should express the pleasure that they would have if those two countries would adhere to our convention.

The SECRETARY. I desire to make just a few remarks about the intention of Doctor Medina, as he expressed it to me. Although it

does not seem to me necessary that an exception should be made in these cases, nevertheless the intentions of Doctor Medina are very good, as he explained them to me. As these countries are so near to us, and as Honduras is on the Gulf of Mexico and Salvador is wedged right in between Guatemala and Nicaragua, if those two countries should not follow the regulations agreed upon they might be a great drawback to the carrying out of the measures by the other countries of Central America, as they are all connected by the same lines of steamers; and Doctor Medina said he thought that unless an exception was made with regard to those Republics they might not really have a good understanding of what had been done, and that they might not sign as quickly as is desired by this convention. When he explained it to me in that light I agreed with him. Of course it is for the convention to say whether it deems it proper.

Doctor GUITERAS. I present an amendment to that motion, that when the transactions of this convention are published a copy be sent to all the countries of the western continent. I do not understand why we should pick out two countries and present to them especially the reports of this convention and not to the other Republics.

The PRESIDENT. That is, not the transactions; it is the convention which we adopt.

Doctor GUITERAS. Even at that, I do not see why it should be sent to these two Republics and not to the others. There are nine Republics which are not represented here.

Doctor MEDINA. My idea in mentioning those two only was that they were concerned more than the others, as being right in the middle of Central America, it was especially important that they should have these copies. If the other Republics do not accept it I should be very sorry, but not so much so as in the case of these two Republics, because all our efforts would be in vain unless they did accept.

Doctor GUITERAS. I make the motion that the convention be sent to all the countries of the western continent. I make that motion as an amendment.

The motion of Doctor Guiteras was translated by the secretary.

Doctor MEDINA. I accept that amendment.

The SECRETARY. The motion is that a copy of this convention be sent to each of the countries which are not represented at this convention.

Doctor GATEWOOD. Are there not other countries concerned besides the Republics of South America? There are the West India islands that might be interested.

The PRESIDENT. This is a convention of the American Republics.

Doctor GATEWOOD. I understand that; but would there be any objection to sending the convention to the other countries?

The PRESIDENT. If you wish to make a motion to amend, you may do so.

Doctor GATEWOOD. I do not wish to make a motion if it is altogether out of the question.

Doctor MEDINA. I think it would be impracticable to send copies to those islands of the West Indies. They belong to foreign countries, to the other Government, and the proper thing would be to send it

just to the American Republics, it seems to me. They are the only ones interested.

The PRESIDENT. The question is on the motion of Doctor Medina, with the amendment of Doctor Guiteras.

Doctor MEDINA. I will change that motion, and say, instead of the two Republics, to all the Republics not represented here, and that we shall say to them that we would see with pleasure their adherence to our convention.

The PRESIDENT. Perhaps you had better read it as amended.

Doctor MEDINA. It will read in this way, in English: "Doctor Medina, the representative from Nicaragua, presents a motion, amended by Doctor Guiteras, in the following way. That this conference should address officially all the governments not represented at this convention and send a copy of our convention to them, at the same time letting them know that we would receive with pleasure their adherence to our treaty here, or would join with us."

The SECRETARY. I think it would be better that that motion should go to the advisory council and be presented to-morrow.

Doctor MEDINA. Very well.

The PRESIDENT. Is there any other motion to be offered, or is there any paper to be read?

Doctor GUITERAS. The plague came first, but if there is no paper to be read on the plague, I will read a paper on yellow fever in Cuba.

Doctor Licéaga addressed the convention in Spanish.

The SECRETARY. Doctor Licéaga wants me to explain to the delegates that they need not be afraid about the length of his paper—which has been printed and copies of which you all have in your hands—on the plague, because he is only going to make a few remarks about it, instead of reading the paper.

Doctor. Licéaga here addressed the convention in Spanish, extempore, upon the subject of the plague.

Doctor Lavoreria addressed the convention in Spanish.

Doctor Licéaga responded to Doctor Lavoreria.

Doctor GUITERAS. I would ask that, as unfortunately we have no Spanish stenographer, Doctor Lavoreria be requested to present in writing his remarks to be printed in the transactions.

Doctor Licéaga, of course, has his paper printed in both Spanish and English form, but we have nothing left of Doctor Lavoreria's remarks unless he will present them in writing.

The PRESIDENT. Will Doctor Lavoreria write out his remarks and send them to the secretary?

Doctor Lavoreria here addressed the convention in Spanish.

Doctor GUITERAS. I will withdraw my motion. Doctor Lavoreria says that he has presented a report already from his country, and his remarks, or the substance of them, are included in that report.

The PRESIDENT. Doctor Moore, have you anything to say on this subject?

Doctor Moore addressed the convention in Spanish.

The PRESIDENT. Will you write out your remarks and send them in, Doctor Moore?

Doctor MOORE (speaking in English). I will write them out.

The PRESIDENT. Are there any further remarks upon this subject of the plague? If not, Doctor Guiteras has a paper upon yellow fever.

Doctor GUITERAS. I have here a report on the yellow fever in Cuba since the last meeting. I am sorry that I have had to arrange this report in the shape of an argument in support of the view that yellow fever is transmitted only by mosquitoes. Of course this convention has accepted it as a fact, but as there are countries and portions of countries in America where this has not been attempted, and where certain of the people are still not prepared to accept it, I have been glad of the opportunity to repeat the arguments in favor of such a view.

Doctor Guiteras here read his paper, in English (see Appendix, p. 217).

The PRESIDENT. I am sure we are all very much indebted to Doctor Guiteras for that very interesting paper. I consider it a very valuable paper. Are there any remarks upon this subject?

Doctor GATEWOOD. I move that we adjourn.

Thereupon, at 6 o'clock p. m., the convention adjourned until to-morrow, Saturday, October 14, 1905, at 10.30 o'clock a. m.

FIFTH DAY—SATURDAY, OCTOBER 14.

Morning Session.

The convention was called to order at 10.30 o'clock a. m. by the president, Surgeon-General Wyman.

The PRESIDENT. The minutes of yesterday will be read by the secretary.

The minutes were read by the secretary.

The SECRETARY. This, of course, is only an abstract of the minutes of the convention. The minutes will be transcribed in full, and will be published in full. This is only an outline, to comply with the conditions of the convention.

It was moved and seconded that the minutes be approved, and the motion was agreed to.

The PRESIDENT. The next order of business will be the report of the advisory council on the resolutions of Doctor Medina as they were to be put in shape.

Doctor GUITERAS. In the name of the council, I report that the resolution presented by Doctor Medina is recommended to the association, with the understanding that the Bureau of American Republics will send copies of the convention to the governments of all the American Republics.

The PRESIDENT. You hear the resolution as presented by the advisory council, to the effect that the convention which we are now preparing regarding quarantine and epidemic diseases shall be transmitted through the Bureau of American Republics to all the South American and Central American republics, whether they are represented in this convention or not. Are there any remarks?

The resolution was agreed to.

The PRESIDENT. Some of the delegates who are very much interested in the matters that are to come up in completing our agreement are not as yet present this morning, and I therefore recognize Doctor Geddings, who has a few brief remarks to make and a resolution to present.

Doctor GEDDINGS. Mr. President, it has been brought to the attention of this convention that in the Comptes Rendus, Société de Biologie de Paris for, I think, August, 1905, there is a claim by Messrs. Marchoux and Simon of the French Commission of the Pasteur Institute of Paris, whose work in Rio de Janerio has received wide notice, that they have demonstrated that the infected *Stegomyia* produces infected offspring. Such a claim as this is startling, although a similar announcement was foreshadowed in the daily press of New Orleans as a possible explanation of the occurrence of mild cases in that city. I have had the pleasure of speaking to our esteemed contemporary, Doctor Guiteras, to whom we all look up to in this matter, and if it meets his views, and the views of the convention, I think it would be of decided benefit to us here to beg the privilege of a few remarks from Doctor Guiteras on the point, to elicit his opinion, if he is ready to express one on this doctrine, and begging him to foreshadow in the

deep thought he has given to these matters the effect upon the integrity of the doctrine of mosquito transmission of yellow fever and its possible effect upon public health measures; and I therefore beg to move that, if agreeable to Doctor Guiteras and to the convention, he should address us on these lines.

The motion of Doctor Geddings was translated into Spanish by the secretary.

Doctor GUITERAS. I would be very glad indeed if anything that I may say will assist in the work that we are all so much interested in. I was aware of the announcement made by the French Commission of the Pasteur Institute of this discovery. In their recent report they suggest that they have found two new methods of transmission of yellow fever, to which they believe importance should be attached. These new methods are the infection of the eggs of infected *Stegomyias*, and the transmission of yellow fever through extremely mild cases in the natives of the yellow-fever countries. I must say that I called attention to these suggestions and announcements of Marchoux and Simon at the meetings of the New Orleans Paris Medical Society during my recent visit in that city. The announcement as to the transmission through the eggs of the infected *Stegomyia* is certainly a matter of grave importance; but it seems to me that everything points to the probability of an error of judgment, or of facts, in this announcement made by those gentlemen. I have read their original publication, and they themselves admit that they have only a single case—an experiment—which was of this character. They raised eggs from infected *Stegomyias* in the twelfth day of their infection—and this is a very interesting point, and they insist upon that point, that the eggs must be laid when the mother mosquito is actively infected; that is, is already capable of producing the disease by its bite—that is, on the twelfth day after having bitten a patient infected with yellow fever. Therefore the eggs used in their experiment were gathered, or were laid, on the twelfth day after biting a yellow-fever patient, and then mosquitoes were raised from those eggs, and from several experiments tried they succeeded in producing one single case of yellow fever with the mosquitoes raised from those eggs. Now, to begin with, this is a single case. Of course in the experiments of this kind one case does not count for much, especially when the experiments were being carried out in an infected locality—in Rio de Janerio—and when the infection might have come about through the bite of an infected mosquito. They themselves admit this, or consent that it weakens very much their point; that they have only one case to present.

Furthermore, I have to object to this supposed new method of transmission of yellow fever on other grounds, from experiments made in Habana. I am sorry to say that these experiments are not carefully recorded experiments that will stand close scientific investigation, but they certainly have some weight, and I hope that Doctor Carroll, who has the privilege of the floor, will state his part of the experiments that I am about to mention. I say that we have in Habana experiments performed which contradicted this statement of Marchoux. My experiments at Las Animas contradicted this new view in this wise. As a matter of fact, all the mosquitoes that we have used in our experimental station in Habana from the beginning, all of them, proceeded from infected mosquitoes—that is, we started with a certain number of mosquitoes that we fed upon yellow-fever patients, and

we infected them, and those mosquitoes kept laying eggs, and in that way we kept up our breed of mosquitoes at Las Animas Hospital. Now, these mosquitoes were always fed by nonimmunes. There were two of them that were constantly putting their arms into the jar containing these mosquitoes, so that they would be fed, and would lay eggs. So that we were constantly making the experiment without taking special note of the experiment. But on two occasions I remember calling the attention of several gentlemen to this and saying, "There is a mosquito raised from infected mosquitoes, fed by nonimmunes, raised from eggs laid by infected females, and yet they are not going to contract the disease." Therefore it is not transmitted in the case of *Stegomyia* as it is in the case of Texas fever with the tick. I called the attention several times of visitors and friends to this, although we did not take any note of it. I believe the same thing will be stated to you by Doctor Carroll. I believe they did the same thing; that they saw several times nonimmunes being bitten by mosquitoes raised from the eggs of infected mosquitoes—such mosquitoes as are mentioned by Marchoux and Simon.

And finally it seems to me that if this were true—that the infection of yellow fever could be transmitted from the mother mosquito to the eggs—that it would have been absolutely impossible to cause the disappearance of yellow fever from Habana, as we have done. I would certainly give up all hope of eradicating yellow fever from the earth, which I now entertain in a lively manner, if that were possible. It seems to me impossible to combat the disease if you have such an active way of propagation of the disease, which lies entirely beyond your control, as the innumerable eggs that misquotoes lay during their lives—eggs that should all, according to this view, be capable of producing infected mosquitoes.

There is another point that is implied in this statement of Marchoux—at least I think it is implied—as to the yellow fever transmitted in this manner, that is transmitted by mosquitoes raised from supposed infected eggs, and that is that the yellow fever so transmitted is a mild type of the disease. Now, it seems to me this is a fundamental error. If the yellow fever transmitted in that manner would be a mild form of the disease, I think yellow fever would have died out over the earth long ago of itself. There would have been a process of natural vaccination of the disease; because I believe all of you will admit that the cases produced from such eggs ought to be much more numerous than those produced directly from the infected mothers, because a mother can only produce in her life of 150 days, biting every three days, 50 cases of yellow fever, whereas that mosquito will lay 400 or 500 eggs—perhaps several hundred eggs—from which several hundred mosquitoes would arise, which would all of them produce mild vaccinating cases of yellow fever, so that we would have the mother mosquito producing only 50 cases and we would have this constant process of vaccination with mild cases going on through the human race, and the disease would have died out through vaccination in nature.

These are the objections that I raise against the statement made by Marchoux and Simon.

Doctor Guiteras here repeated his remarks in Spanish.

The PRESIDENT. We would like to hear from Doctor Carroll, of the United States Army.

Doctor CARROLL. I agree most heartily with what Doctor Guiteras has said on this subject. I do not think it is safe to accept the statement of these gentlemen upon one unconfirmed experiment, because we can bring forward an experiment made for the purpose of determining that very point. After we had about completed our work in one of these places we placed a number of mosquitoes, hatched out from the eggs laid by infected insects, in a jar, and we had a nonimmune place his hand in this jar, and he was bitten by 30 or 40 insects. We did not expect any result, and no result followed.

Our insects were not obtained in quite the way Doctor Guiteras has indicated. Our stock was obtained from insects obtained on the outside. Our first stock was obtained from those insects which we got from Doctor Finlay. Our second stock was largely obtained from insects at Santa Clara Barracks.

Doctor GUITERAS. And it is quite possible that among those there ought to have been infected mosquitoes?

Doctor CARROLL. Yes; I am willing to admit that.

Doctor GUITERAS. It is probable.

Doctor CARROLL. These insects were hatched out and raised in the post laboratory, and it was only afterwards that they were taken to the special laboratory where our infected mosquitoes were kept, and, once infected, their progeny were kept in the mosquito house; that is, the house kept specially for the infected mosquitoes.

I think this experiment to which Doctor Guiteras refers is like many others in the scientific world. We can not accept them until we receive confirmation. It is evident that the fullest precautions were not taken, and it is unsafe to accept them.

And then, as Doctor Guiteras says, if we were to accept the possibility of infection of the progeny of infected mosquitoes it is quite evident that the disinfection of infected dwellings will not stamp out the disease as fully as it was stamped out in Habana. I think Doctor Licéaga might give us some interesting remarks on that question, resulting from his experience in Mexico.

Doctor GUITERAS. I will try to put briefly in Spanish the substance of this, as this is a question in which some of our Latin American colleagues may assist us with their opinions.

Doctor Guiteras here translated into Spanish the preceding remarks of himself and Doctor Carroll.

Doctor Licéaga addressed the convention in Spanish.

The SECRETARY. The remarks of Doctor Licéaga are to the effect that he congratulates Doctor Guiteras for the excellent explanation that he has given of the subject in question, which he considers not only as a contradiction of the information given by Marchoux and Simon, of the commission to Brazil, but he goes a little further and says that it should not only be called a contradiction, but that the expressions of Doctor Guiteras have really given the lie to these gentlemen for having affirmed something based only on one case. He put the question as to the effect, and on that he says that to his knowledge there is no acute disease whose infection is transmitted by the offspring or by the eggs of insects. He confirms the opinion of Doctor Guiteras that if the opinion of Doctors Simon and Marchoux were true the disappearance of yellow fever from Habana in such an effective manner as it took place would have been utterly impossible. He says that the experiments and the opinions of Doctors Guiteras and

Carroll are enough, in his estimation, to convince us of the fallacy of the opinion manifested by the doctors of the Brazil commission.

He insisted upon this other point. He says that one argument that might be used against this opinion is the admission of Doctors Marchoux and Simon to the effect that they consider their point rather weak because they only had one case out of their experiments, and besides that they could not say to a certainty that the mosquito infected had conveyed the disease; that, as Doctor Guiteras said, the experiment was conducted in a place infected with yellow fever, where the biting by a mosquito infected was an easy matter.

Doctor Licéaga finished by remarking that this weak point in the announcement of Doctor Marchoux and Doctor Simon was in very plain contradiction to the points assured by the work of Doctor Carroll, Doctor Guiteras, Doctor Reed, and all the other gentlemen who experimented in Habana, and who, while at the beginning they could not state the facts with certainty, yet through experiments, thorough and long continued, and resulting in the prevention of yellow fever, had established their opinions as a certainty.

The PRESIDENT. We have with us the head of the medical department of the Marine-Hospital Service, and I would like to ask his opinion on this.

Doctor STILES. I agree thoroughly with Doctor Guiteras and Doctor Carroll that there is no reason why we should become frightened at this announcement in Paris. But, in justice to our French colleagues, we should recall one very important statement in their article, namely, that such a method of transmission is exceptional. That is their claim. They do not set this forth as being a regular method of transmission, but they merely say that such a method of transmission is exceptional, and in this claim I see nothing contradictory to the statements brought forward by our good friends, Doctor Carroll and Doctor Guiteras. It is perfectly possible that they may have made fifty or one hundred experiments in Cuba of this kind, and have had them all negative, but that is negative evidence. Now, we must bear in mind the fact that we have had at least half a dozen diseases which may be transmitted from one generation to the next through insects. I am by no means of the opinion that we should immediately accept these statements that have just reached us from Paris, but I believe we should hold our minds open for further proof. It is a little dangerous to condemn a statement offhand like this. Take, for instance, malaria. It is now, according to Schaudinn, demonstrated that malaria may be transmitted from one generation of mosquitoes to another. Pehrin disease is hereditary in the silkworm. We have the flagellat diseases in flies so transmitted. We have two diseases in an owl of Germany which, it is claimed, may be hereditary in the intermediate host, namely, Culex. Now, until we know just what the parasite of yellow fever is, it seems to me difficult to make any definite statement that this can not be hereditary in the mosquito. It seems to me not improbable that the parasite of yellow fever will turn out eventually to be an organism more or less closely allied to the parasites of the same general class of diseases as those that I have mentioned, namely, an organism belonging somewhere in between the flagellats and the sporozoa. I might also refer to Texas fever in cattle and hemoglobinuria in dogs—the canine plasmosis—in way of comparison.

In view of the fact that we know a number of diseases are transmitted by heredity in the intermediate host, I believe it is too early to come down too heavily on this French announcement. We should simply hold our minds open, in a receptive mood, and if our colleagues can demonstrate heredity in this disease, as has been demonstrated in other diseases, let us do them the justice to recall that they do not state that this is a common method of transmission. They state it distinctly to be an exceptional method.

The remarks of Doctor Stiles were translated into Spanish by the secretary.

The SECRETARY. Several of the members inquire, Doctor Stiles, if you said that malaria belonged to the diseases transmissible by heredity in the intermediate host.

Doctor STILES. Yes; the parasite of malaria is claimed by Schaudinn to be transmissible from the female mosquito to the next generation. That was published in 1894 by the Imperial Health Office of Germany. The parasite has been found passing from one generation to the next. There were no clinical cases based on such heredity, but the parasite was found passing through the egg.

The PRESIDENT. Doctor Guiteras has an important matter to bring before the convention.

Doctor GUITERAS. Mr. Chairman, I wish to introduce a series of articles, to be added to the convention already agreed upon at our last meeting, which articles should be numbered 28a, 28b, 28c, and 28d, so as not to break the order of the numbers as they are found in the French edition and in order that they may not be placed at the end, as I had at first thought of doing, where they will appear very awkwardly. I would place them in the midst of the articles where they properly belong, following article 28, and call them "28a," "28b," "28c," and "28d." There are four of these articles.

The SECRETARY. You had better call them additional articles. That is the only way to do it.

Discussion in Spanish followed.

Doctor GUITERAS. I move that the following additional articles be introduced, following the last article agreed upon at our previous meeting. The last article was numbered 45, so that these four articles will be numbered 46.

The PRESIDENT. They are headed "Additional articles relating to yellow fever?"

Doctor GUITERAS. They are headed that way—"Additional articles relating to yellow fever."

The PRESIDENT. I will ask Doctor Moore to take the Spanish copy of these additional articles, as he did with the first part of the convention, and read them in Spanish as we proceed.

Doctor Guiteras read as follows:

ARTICLE 46. Ships infected with yellow fever are to be subjected to the following regulations:

1. Medical visit (inspection).

2. The sick are to be immediately disembarked, protected by netting against the access of mosquitoes, and transferred to the place of isolation in an ambulance or a litter similarly screened.

The above part of article 46 was read in Spanish by Doctor Moore.

The PRESIDENT. Shall we vote on this by paragraphs, or shall we have the whole article read all through?

A short discussion followed.

The PRESIDENT. We will read this article through, paragraph by paragraph, and anyone who has any question to ask will please ask it at the time, or if anyone has any objection to make or any motion to make, after it has been read in English and Spanish, let him make it, or if there are any comments to be made they can be made. We will go on and read every paragraph until we have finished the article, and then we will vote on the article.

The remarks of the president were translated into Spanish by Doctor Ulloa.

Doctor Guiteras continued the reading of the article, 46 as follows:

3. Other persons should also be disembarked, if possible, and subjected to an observation of six days, dating from the day of arrival.

The above was read in Spanish by Doctor Moore.

The PRESIDENT. It should be borne in mind now that if there is any alteration in phraseology, either in the Spanish or the English language, attention should be called to it at the present time, otherwise the copies as read will go to the transcribers.

The secretary translated the remarks of the president into Spanish.

Doctor Guiteras continued the reading of article 46, as follows:

4. In the place set apart for observation there shall be screened apartments or cages where anyone presenting an elevation of temperature above 37.6° C. shall be screened until he may be carried in the manner indicated above to the place of isolation.

5. The ship shall be moored at least 600 feet from the inhabited shore.

Doctor Barnet addressed the convention in Spanish.

Doctor GUITERAS. Doctor Barnet suggested that in the Spanish copy we state 200 meters, as the metric system is used in Latin countries, and 200 meters is the equivalent of 600 feet.

Doctor GEDDINGS. I would suggest making it 200 meters in both languages, because 600 feet is not the exact equivalent, though it is approximately so, of 200 meters.

Doctor GUITERAS. It is not any less

Doctor GEDDINGS. No, sir; it is rather more.

The PRESIDENT. We will substitute "200 meters" for "600 feet," then.

Doctor GUITERAS. Then it will read:

5. The ship shall be moored at least 200 meters from the inhabited shore.

Doctor Guiteras continued the reading of article 46, as follows:

6. The ship shall be fumigated for the destruction of mosquitoes before the discharge of cargo, if possible. If a fumigation be not possible before the discharge of the cargo, the health authorities shall order, either—

(a) The employment of immune persons for discharging the cargo, or

(b) If nonimmunes be employed they shall be kept under observation during the discharging of cargo and for six days, to date from the last day of exposure on board.

The PRESIDENT. We will now vote on article 46 as a whole. This is to be article 46, in lieu of the closing formal article of the convention as we had it yesterday, and the closing article will have to be changed to another number.

Article 46 was agreed to.

Doctor Guiteras read article 47, as follows:

ARTICLE 47. Ships suspected of yellow fever are to be subjected to the measures which are indicated in Nos. 1, 3, and 5 of the preceding article; and if not fumigated the cargo shall be discharged as directed under subparagraph (a) or (b) of the same article.

The above was read by Doctor Moore in Spanish.

Doctor Barnett addressed the convention in Spanish, his remarks not being translated.

Article 47 was agreed to.

Doctor Guiteras read article 48, as follows:

ARTICLE 48. Ships immune from yellow fever, coming from an infected port, after the medical visit (inspection), shall be admitted to free pratique, provided the duration of the trip has exceeded six days.

If the trip be shorter, the ship shall be considered as suspected until the completion of a period of six days, dating from the day of departure.

If a case of yellow fever develop during the period of observation, the ship shall be considered as infected.

The PRESIDENT. In the first line of this article, as I have it before me here, the term "indemne" is used instead of "immune."

Doctor GUITERAS. I have it "indemne" in my copy.

The PRESIDENT. You read it "immune."

Doctor GUITERAS. Certainly we would call a ship "indemne" that came from an infected port and had nothing to do with yellow fever, would we not? We would not call a ship coming from the St. Lawrence River, for instance, from the north, a suspected vessel. That would be an indemne vessel, coming from an uninfected port.

Doctor GEDDINGS. It is the ship coming from an infected port, not having had cases at the port of departure, or en route, which is meant here.

Doctor GUITERAS. What do we call a ship that is entirely free? It is not in the convention, anyway.

The PRESIDENT. It is just a ship. [Laughter.]

Doctor Guiteras here again read article 48, as above, changing the word "immune" to "indemne."

Article 48 was read in Spanish by Doctor Moore.

Article 48 was agreed to.

Doctor Guiteras read article 49, as follows:

ARTICLE 49. All persons who can prove their immunity to yellow fever to the satisfaction of the health authorities shall be permitted to land at once.

Article 49 was read in Spanish by Doctor Moore.

Article 49 was agreed to.

The PRESIDENT. The typewritten copies of the agreement which we have just voted upon, article by article, are now ready. I will ask Doctor Gatewood to read the copy in the English language and Doctor Lavorería to read the copy in Spanish, article by article, the idea being that if there is any technical flaw in either copy, or if there is anything obscure in the phraseology, or anything ungrammatical in the language, attention should be called to it immediately, and let it be corrected on the floor of the convention, because this will be the final copy which will be signed by us. In this way it is obvious that the greatest care will have been exercised that the unaltered copies in Spanish and English are actually signed by the members of this convention. The work of typewriting the copies is nearly completed, and we can commence with the first pages of the copies in both Spanish and English, and the last pages will be finished so that we will not be delayed.

The remarks of the president were translated into Spanish by the secretary.

The preamble was here read in English by Doctor Gatewood.

Dr. H. L. E. Johnson having been designated in the preamble of the convention as "a member of the American Medical Association," Doctor Johnson requested that this might be changed to "a member of the Board of Directors of the American Medical Association."

The above alteration was agreed to.

The reading of the final draft of the convention was continued by Doctor Gatewood in English and Doctor Lavoreria in Spanish until 1.20 p. m., when the convention took a recess until 2.30 o'clock p. m.

Afternoon Session.

The convention met, pursuant to adjournment, Surgeon-General Wyman, the president, in the chair.

The PRESIDENT. The convention will come to order and we will continue with the reading of the articles. We are now on article 8.

The reading of the convention in English and Spanish was continued.

The PRESIDENT. There is an inquiry with regard to the "International Sanitary Councils," mentioned in article 10. This convention has an international sanitary bureau, but whether that term "councils" is intended to be more broad and to relate to any other councils, or rather to the several national councils, I do not know.

Doctor GEDDINGS. The International Sanitary Councils mentioned in that convention are the International Sanitary Council of Constantinople, and the Quarantine and Sanitary Council of Egypt.

The PRESIDENT. Then it includes also our International Sanitary Bureau?

Doctor GUITERAS. Yes, sir.

Doctor GEDDINGS. We left it in advisedly, believing that these notifications should be made in this way to the Central and South American Republics, and to the United States, and the International Sanitary Bureau.

The PRESIDENT. We are not dealing with the foreign countries. Doctor Geddings, is that your understanding?

Doctor GEDDINGS. That was my understanding—that it was simply left in order not to change the text, but the International Sanitary Bureau of this convention was included within the meaning of that paragraph.

The PRESIDENT. There is nowhere else, in this convention, so far as it has been read, where reference is made to "International Sanitary Councils" other than those of the American Republics.

Doctor GEDDINGS. That is correct.

The PRESIDENT. Then why should we bring it in here? It is a little confusing. I do not know how that appeals to the other members of the convention, but I think it is a point that ought to be considered—whether we shall change it to "International Sanitary Bureau" or not.

Doctor GEDDINGS. I move that we change it in that way.

The motion was seconded.

The PRESIDENT. It is moved and seconded that the words "International Sanitary Bureau," meaning the bureau established by this convention, be substituted for the words "International Sanitary Councils."

The question was taken, and the motion was agreed to.

The reading of the convention, article by article, in French and Spanish, was continued down to the end of article 21, when Doctor Licéaga addressed the convention in Spanish, his remarks being translated by Doctor Ulloa. Doctor Licéaga said that it having been determined in the former session that a distance of 200 meters should be inserted, the last part of article 20, which leaves it to the sanitary authorities to fix the distance that a ship should be compelled to anchor from the shore, should be changed.

Doctor MEDINA. It was placed at the minimum, so that any larger distance could be settled by the authorities.

Discussion in Spanish between Doctor Licéaga, Doctor Medina, and Doctor Moore followed.

The SECRETARY. It says "at least 200 meters." Doctor Licéaga is satisfied with that.

Doctor GATEWOOD. In this footnote, in regard to the word "crew," is that provision in the Spanish copy to the effect that the word is to be construed in the manner defined in this note wherever it occurs in the present convention?

The SECRETARY. Yes; it is in the Spanish copy. That is all right.

The reading of the convention in English and Spanish was continued down to the end of article 33.

The PRESIDENT. There is one point I want cleared up—about a ship not being subject to a second disinfection. I would like to know whether that interferes with our disinfection of what we call "via" vessels? Does that section relate to all diseases, or only to some?

Article 33 was again read by Doctor Gatewood in English.

The PRESIDENT. Would not that prevent the redisinfection of a vessel in a southern port?

Discussions in English and Spanish followed.

The PRESIDENT. Very well; go on.

Doctor Gatewood here read article 34 in English.

A DELEGATE. I would like to ask what is the definition of the word "packet."

The PRESIDENT. That is a term taken from the Paris convention. Was that discussed there? Doctor Geddings can tell us.

Doctor GEDDINGS. For example, those boats which ply between ports of British America and northern ports of the United States, which we exempt by our regulations from measures relative to bills of health, are packet boats. There are packet boats which ply across the lakes.

Doctor GATEWOOD. And packet boats across the English Channel, from Calais to Dover. If you will look in the dictionary you will find some such definition as this: "Packet boat. Originally, a vessel employed by government to carry dispatches or mails, and therefore having a military or naval signification; hence, applied to any boats carrying materials that have a regular day of sailing."

The trans-Atlantic liners would come under that.

Doctor ULLOA. Here is the definition in Webster's Dictionary:

Packet. Originally, a vessel employed by government to convey dispatches and mails; hence, a vessel employed in carrying mails, passengers, and goods; a mail boat.

Doctor GATEWOOD. There you have it.

The PRESIDENT. Is there any harm in leaving it in there, with that understanding?

Doctor GATEWOOD. Packets are mail boats.

The PRESIDENT. That is evidently intended to apply to ports not distant from one another.

Doctor GATEWOOD. My idea is that a packet is a boat that makes one or two trips a day, and therefore runs within a small radius of the place of departure. But a ferryboat, not carrying mails and not carrying dispatches, would not come under that definition.

The SECRETARY. We call them "barcos de cabotaje" in Spanish. They make communication between different ports of the same country.

Doctor GATEWOOD. If it is between different ports of the same country, why do you put this in here: "Packet boats shall be subjected to special regulations, to be established by mutual agreement between the countries in interest?"

The SECRETARY. That is so.

The PRESIDENT. It seems to me you might leave it as it is.

Doctor Gatewood here read article 35 in English.

Doctor Lavoreria here read article 35 in Spanish.

A discussion in Spanish followed between Doctor Moore and Doctor Guiteras, which was not translated into English.

The reading of the convention in Spanish and English was continued down to the end of article 41.

Doctor Gatewood read in English as follows:

ARTICLE 42. Coaches intended for the transportation of passengers and mails should not be retained at frontiers.

The PRESIDENT. That word "retained" was changed to "detained," was it not?

Doctor GEDDINGS. No, no; it was left "retained," after a discussion. We decided to leave it in that way.

The reading of the convention in English and Spanish was continued down to the end of article 48.

Doctor GEDDINGS. In regard to the second paragraph of article 48, the section before us states:

Ships indemne from yellow fever, coming from an infected port, after the medical visit (inspection), shall be admitted to free pratique, provided the duration of the trip has exceeded six days.

The quarantine regulations of the United States cover the same idea, but go further, that if the duration of a trip exceeds five days, and is less than ten days, the same procedure would obtain; but if the voyage is more than ten days the ship shall be disinfected and held under observation. That rule of conduct is based upon the fact that if a mild case of yellow fever occurs on board, it may have sufficiently recovered to permit the individual to pass a satisfactory medical inspection, but the case may have infected Stegomyia mosquitoes which are on board and give rise to further trouble. It was suggested when this article was in course of consideration this morning that some such provision should be put in, but there appeared to be reasons why it should not be done, and without any wish to make a reserve on the part of the United States, I think it is only fair to state that in cases coming under that category the United

States will have to fall back upon or take refuge in a general provision of the convention allowing special regulations to be made to meet special circumstances, in the discretion of the sanitary authorities.

Doctor GATEWOOD. Can you do that when that is a specific statement there?

Doctor GUITERAS. With respect to the fact of the necessity of disinfection in these cases, it must be remembered that the action taken by the United States evidently does not refer to what we have defined here as "indemne ships," in connection with yellow fever. We have made a special definition of indemne ships in connection with yellow fever, in which definition it is stated that the ship has not been in such proximity to the shore as to make it possible for mosquitoes to have access to the said ship. Therefore there can be no mosquitoes in an indemne ship such as we have defined. The ships that are treated on the tenth or twelfth day by the United States authorities, very properly—I mean by fumigation—are not the indemne ships that we have defined here. There are ships that may have infected mósquitoes. But these can not have them, because it says definitely that they must have anchored a sufficient distance from the shore not to have received infected mosquitoes. So that I do not see that the United States need change in the least its present policy in respect to such ships.

The PRESIDENT. Is that satisfactory, Doctor Geddings?

Doctor GEDDINGS. With that explanation the paragraph will be perfectly satisfactory.

Doctor GUITERAS. This explanation goes on record, I suppose.

The PRESIDENT. It goes on the record. The stenographer is taking everything in full. All that has been said goes in the minutes.

The reading of the convention article by article in English and Spanish was resumed by Doctor Gatewood and Doctor Lavoreria and was completed to the end of the "transitory disposition."

Discussion in Spanish between Doctor Barnet and Doctor Lavoreria followed.

The SECRETARY. Doctor Lavoreria has made a motion that instead of saying there that a copy should be sent to each country represented, it should be put that copies in both English and Spanish should be sent to each of the signatory countries to this convention.

Doctor BARNET (speaking in English). Because the English is the the standard one.

The PRESIDENT. Yes; that is right.

Discussion in Spanish followed.

Doctor GUITERAS. Doctor Licéaga has made a motion which I will translate into English.

Doctor Licéaga moved that instead of saying that the English copy may or shall serve as the base or—what is it?

Doctor GEDDINGS. The standard.

Doctor GUITERAS. Yes; the standard; that we say that in case of doubt the English interpretation shall stand, or be the standard.

The SECRETARY. No, no; that the English copy shall prevail—that the interpretation of the English copy shall prevail.

Doctor GUITERAS. Yes; that the interpretation of the English copy shall prevail.

Doctor GATEWOOD. Then it will read:

ARTICLE 50. It is agreed that in the event of a difference of interpretation of the English and Spanish text the interpretation of the English text will prevail.

Doctor GUITERAS. That is right.

The PRESIDENT. If there is no objection, that change will be made. Then I think the words "in both English and Spanish" should be inserted in the last clause of the transitory disposition, so that it will read—

in order that certified copies thereof, in both English and Spanish, may be made to transmit them through diplomatic channels to each one of the signatory countries.

Is that agreed?

The PRESIDENT. That is agreed to. There was no objection and there is none.

I believe that the convention as now prepared, in both the Spanish and the English languages, has been read and approved, article by article. It now becomes necessary to adopt the convention in its entirety. I await a motion to that effect.

Doctor JOHNSON. I move you, Mr. President, that the convention as read and adopted, article by article, in English and Spanish be adopted by the convention in its entirety.

Doctor GUITERAS. I second the motion.

The secretary translated the motion in Spanish.

The convention was agreed to in its entirety.

The PRESIDENT. It is adopted. [Great applause.]

Doctor Medina addressed the convention in Spanish.

The SECRETARY. Doctor Medina makes a motion to the effect that this convention shall be published and copies thereof sent to the different delegates. I have the pleasure to inform Doctor Medina that its publication has already been decided and that we are going to have copies ready for the delegates as soon as it can be done, and as the majority of the delegates are going to New York they may call at my office or send to my address and I will remit them as many copies as they like—about ten each, if they desire it.

The PRESIDENT. Does Mr. Fox wish the privilege of the floor?

Mr. FOX. Mr. Chairman, I think as the Bureau of the American Republics exists for the purpose of carrying out the wishes of the convention of the American Republics, we would much rather be the medium of transmitting these copies and also seeing that they are printed and arranged.

The SECRETARY. Of course they shall print the copies. My suggestion was meant simply for the convenience of the delegates.

Doctor Licéaga addressed the convention in Spanish.

The SECRETARY. Doctor Licéaga says that the object is not to procure the official copies. Official copies will be sent by the Bureau of the American Republics.

I have no desire to interfere with the Bureau of the American Republics; but my idea was simply to accommodate the different representatives, so that they might formulate their reports to the different countries.

Mr. FOX. I assure you that the Bureau will take it up immediately and have them printed.

The SECRETARY. This is simply to accommodate the delegates, because they are going away very soon and they wish to formulate their reports to their respective governments.

Mr. Fox. I understand, then.

The PRESIDENT. There are now some resolutions which have been reported to the advisory council, and Doctor Moore will read them.

The resolutions in question were read in Spanish by Doctor Moore.

The resolutions were then read in English by Doctor Guiteras, as follows:

Whereas the Republic of Mexico and the Panama Canal Zone, by the application of the mosquito doctrine to public sanitation, are nearing rapidly the desideratum of the final extinction of yellow fever; and

Whereas the Republic of Cuba, by the application of the same methods, has continued to maintain its territory free from yellow fever; and

Whereas as through lack of preparation to apply these methods the spread of yellow fever has been permitted in certain countries; and

Whereas in the city of New Orleans an epidemic which had been unfortunately allowed by the State authorities to take a firm foothold has been held in check, and has been gradually reduced by the application of the said methods in the midst of the largest nonimmune population that was ever exposed to yellow fever: Therefore be it

Resolved, That this convention sees in these results a further confirmation of the view that yellow fever is naturally transmitted only by the bite of infected mosquitoes.

2. That the convention is of opinion that an efficient plan of defense against the propagation of yellow fever at the beginning of an epidemic can be easily established upon the basis of this doctrine.

3. That the successful carrying out of such plan depends upon a thorough understanding of the mosquito doctrine by the people, and upon the support that they may give to the prompt and frank reporting and the proper handling of the first cases, and of all suspicious cases.

4. That the convention expresses its censure of the sanitary authorities that do not report in due time the presence of yellow fever in their territory.

5. That the congratulations of the convention be extended to the Republics of Mexico and Cuba and to the Canal Zone of Panama for the success attained, and also to the Public Health and Marine-Hospital Service for the brilliant work done in New Orleans; and be it further

6. *Resolved,* That in the opinion of this convention all maritime quarantine and the management of all epidemics that threaten to extend to neighboring States and countries should be placed in the hands of the national health authorities.

The PRESIDENT. This is reported favorably by the advisory council.

Dr. H. L. E. JOHNSON. I move the adoption of the resolution that has been read, as reported.

Discussion in Spanish followed, participated in by Doctor Lavorería, Doctor Moore, Doctor Guiteras, Doctor Medina, and Doctor Ulloa.

Doctor GUITERAS. Mr. Chairman, the gentleman who has been addressing the convention in Spanish is in favor of softening the expressions made use of in this resolution respecting New Orleans. It is stated in the resolution:

Whereas in the city of New Orleans an epidemic which has been unfortunately allowed by the State authorities to take a firm foothold, etc.

He believes that that should not be made so harsh. I claim that this is no direct accusation and it has no effect of censure passed specifically against the city of New Orleans, but it is simply the statement of a fact, that the authorities in New Orleans allowed this epidemic to spread as it has spread. And anyone who has traveled through that southern country, who has seen all those towns in the State of Louisiana, who has seen the towns in the State of Florida infected by yellow fever because the people went into the city of New Orleans on excursions to enjoy life there and came back with the infection of yellow fever, certainly will not feel like softening this declaration in any way.

The SECRETARY. The point raised is a very delicate one, really. Several of us who are delegates to this convention have offices of a diplomatic nature in this country, and we must be careful in emitting any opinion that might be construed as censuring the authorities of any part of the country where we represent our countries. Although from a scientific point of view I am entirely in accordance with Doctor Guiteras, I should like, as the delegate from Costa Rica, to try to put this as mildly as possible, because New Orleans is a part of the United States. Although the point is covered by the congratulations extended to the Marine-Hospital Service, which really in this matter represents the National Government, still the authorities of New Orleans might take note of these resolutions and consider that this was a reflection on them. I should like to consider this a little more and see if we can not resolve something that would put us in a good light. I would suggest the following amendment. It reads here—

Whereas in the city of New Orleans an epidemic, which had been unfortunately allowed by the State authorities to take a firm foothold.

I should strike out the words "allowed by the State authorities," and would propose the following wording:

Whereas in the city of New Orleans an epidemic unfortunately took a firm foothold, etc.

In that way we cover the same ground without injuring anybody.

Doctor GUITERAS. You will have to word it in this way, "which unfortunately took a foothold?"

The SECRETARY. Yes.

The secretary here translated into Spanish the preceding remarks in English.

The PRESIDENT. I believe the motion to amend has been made plain in Spanish and English?

The SECRETARY. Yes, sir.

The PRESIDENT. The convention is open to remarks upon that resolution.

Doctor Barnet addressed the convention in Spanish.

Doctor Lavoreria addressed the convention in Spanish.

The SECRETARY. Doctor Barnet adds a strengthening argument to the proposition of the committee, mentioning the fact that on account of bubonic plague in San Francisco the local authorities of San Francisco were very strongly censured by the meeting held at New Haven, Conn., and that the censure there was a great deal stronger than that proposed here to-day.

Doctor Lavoreria has answered Doctor Barnet in a manner which I take as my own also, and I will try to convey to you his idea fully, because it conveys my own also.

It is true that the censure was a very strong one at that Connecticut conference, but we must also remember that that conference was held in the United States and by physicians of the United States. That is so, is it not?

The PRESIDENT. Yes; that is true.

The SECRETARY. And it was not an official conference. Here it is different. We come here representing foreign countries—different countries—and we do not want to reflect on the United States in any way. We have to treat with the United States, and we want to treat with them as courteously as possible.

Doctor GATEWOOD. I move an amendment to the amendment offered by the representative from Costa Rica, that the wording be put in this way:

Whereas in the city of New Orleans an epidemic, which obtained a foothold under local authority, has been held in check, etc.

The SECRETARY. I am sorry not to agree to accept the amendment. I should like to put my amendment as I proposed it before the convention. The majority will decide this question, and of course it may not adopt my amendment; but I will say that I will not vote in any other way.

Doctor GATEWOOD. The way I have put it it will simply say that an epidemic existed there under local authority.

The PRESIDENT. How does Doctor Ulloa's motion read?

Doctor GATEWOOD. He leaves out the word "unfortunately" only.

Doctor ULLOA. This is the amendment as I propose it:

Whereas in the city of New Orleans an epidemic unfortunately took a firm foothold, etc.

That is the amendment that I propose.

The PRESIDENT. Doctor Ulloa's amendment has not been seconded, I believe.

Dr. H. L. E. JOHNSON. I will second the motion of Doctor Ulloa. I see the propriety of it.

The PRESIDENT. Doctor Ulloa's motion has now been seconded.

Doctor Gatewood has suggested an amendment to that amendment, and Doctor Gatewood's amendment has not been accepted by Doctor Ulloa.

Doctor GATEWOOD. My amendment is simply to strike out the word "unfortunately" and to say "obtained a foothold in New Orleans." I will leave that out then.

The PRESIDENT. Then the motion before the house is on the adoption of the amendment of Doctor Ulloa.

Doctor Ulloa translated the preceding discussion into Spanish.

Doctor ULLOA. Doctor Moore now has the idea, and has put it into the Spanish version.

Doctor Moore here read the part of the resolutions in question, with Doctor Ulloa's amendment in Spanish.

Doctor ULLOA. That is right.

Doctor Ulloa's amendment was agreed to.

The PRESIDENT. The question is now on the adoption of the resolutions, on motion of Doctor Johnson, seconded by Doctor Medina, I believe.

The remarks of the president were translated into Spanish by the secretary.

The resolutions were adopted.

Doctor Moore addressed the convention in Spanish.

Doctor GUITERAS. Doctor Moore, the president of the advisory council, asks me to translate a resolution presented by the council which is to the effect that the thanks of the convention be extended to Doctor Ulloa for his uniform courtesy and his assistance to the delegates, both on the floor of the convention and during the visit to the President of the United States.

The PRESIDENT. You have heard the motion. As president of the convention, I add my testimony as to the kindness and unfailing

courtesy and accuracy of Doctor Ulloa's services, and I would suggest that those who are in favor of this resolution will signify it by rising.

The members of the convention unanimously arose. [Applause.]

The SECRETARY. Gentlemen, I thank you from the bottom of my heart for this great honor you have conferred upon me. I have tried my best to comply with the duties that you put upon my shoulders when you elected me your secretary. I do not care how much I work, and I really do not care if I really had had to work five times as much as I have, when I experience the great satisfaction that you have given me to-day. That is the best price for all my work, and nothing would pay me more than to see you satisfied with the little I have done.

I have the honor to submit to the consideration of my esteemed colleagues of this sanitary convention the following resolutions:

Resolved, That a vote of thanks be extended by the International Sanitary Convention of the American Republics to His Excellency Theodore Roosevelt, the President of the United States of America, for his valued cooperation to the success of this conference and for the high meaning of the expressions of the cordial address with which he greeted the delegates to this convention at the reception he accorded to them at the White House on the 12th instant.

Resolved, That a vote of thanks be extended to the honorable the Secretary of State, and to the honorable the Acting Secretary of the Treasury, for their addresses of welcome at the inauguration of this convention.

Resolved, That a vote of thanks be extended to the Hon. Gonzalo de Quesada, minister plenipotentiary from Cuba.

Resolved, That a vote of thanks be extended to Director Fox, as representing the Bureau of the American Republics, for his attentions to the delegates and for the arrangements made for their entertainment.

Resolved, That an expression of our sincere appreciation be given to our highly esteemed president, Surgeon-General Wyman, for his kind treatment and for the efficient manner in which he has complied with his official duties.

Resolved, That a vote of thanks be extended to the Cosmos Club and to the press of the city of Washington for the courteous manner in which they have treated us during our stay at this capital.

Resolved, That a vote of thanks be extended in the name of the delegates from the Spanish American Republics to the delegates from the United States for their hospitality and excellent fellowship.

The PRESIDENT. Who presents those resolutions?

The SECRETARY. Myself. And I will have to act, if you will allow me, as chairman at this moment, because Surgeon-General Wyman does not like to put them before you, as one refers to himself.

Doctor Lavoreria addressed the convention in Spanish.

The SECRETARY. Doctor Lavoreria suggests that these resolutions be not discussed, but that they be adopted by acclamation.

Doctor GUITERAS. By a rising vote?

The SECRETARY. Yes; by a rising vote.

Doctor Barnet addressed the convention in Spanish.

The SECRETARY. Doctor Barnet makes a suggestion which I accept most heartily, and which will correct what was really an involuntary omission on my part, namely, to include in the vote of thanks the Bankers' Association of the District of Columbia.

The resolutions were agreed to.

The PRESIDENT. We will now begin the formal signing of the convention. Two copies have been prepared, one in English and one in Spanish, and the delegates from each one of the Republics will be expected to sign. The roll of the Republics will be called in alpha-

betical order, and it is the understanding that each delegate will sign his name and say "From such and such a Republic."

Doctor GUITERAS. Will the roll be called alphabetically according to the English or the Spanish names of the Republics? It will make a considerable difference in the order in which the Republics come.

The SECRETARY. Doctor Guiteras makes a very important suggestion. In English the United States comes in one of the last places on the roll, while in Spanish the name of the United States begins with the letter E.

It was moved by Dr. H. L. E. Johnson that the States be called according to the alphabetical order in each language; that is, that for the signatures to the English version the names of the Republics be called in English, and for the signatures to the Spanish version the names should be called in the order of the names in Spanish.

The Secretary translated the suggestion into Spanish.

The PRESIDENT. It has been suggested by Doctor Geddings, who is somewhat familiar with these procedures, that it is not necessary to put in the name of the Republic at all. I presume that is what Doctor Johnson was about to suggest. The names are already in there as those of the delegates from the respective Republics, and all we have to do is to sign our respective names.

The remarks of the president were translated into Spanish by the secretary.

Dr. H. L. E. JOHNSON. I am going to supplement your suggestion by adding that they sign in the order in which they appear in the preamble. The names are mentioned there one after another, and it would be better to have them appear as they appear there. The Spanish corresponds to the English, and the English is to be the standard.

Upon examination it was found that the order of the Republics was the same in both the Spanish and the English copies.

The signing of the convention by the delegates was now commenced and concluded.

The PRESIDENT. The convention will come to order. There are three delegates who have not affixed theis names to this agreement. They are the delegates from Uruguay and Venezuela, and one delegate from the United States, Doctor Kennedy, who was obliged to leave the city, as he said the other day he thought he would very likely be obliged to do. But it seems very desirable that we should eventually have the signatures of these three delegates to the convention, and your president awaits an expression of the wish of the convention as to the method to be pursued to secure these signatures. Has anybody a motion to make as to how they should be secured?

The SECRETARY. I make a motion to the effect that we leave this document in charge of Mr. Fox, Director of the Bureau of American Republics, to secure the signatures of these three delegates to the document, and as soon as he secures them to forward the document to the Secretary of State, as agreed upon by this convention.

Doctor Ulloa here translated this motion into Spanish.

The motion was seconded.

The motion was agreed to.

The PRESIDENT. I wish to say that the copies of this agreement will be printed for the use of the delegates as speedily as possible. The work will be begun Monday morning, and we expect to be able

to furnish you with copies in the English and Spanish both; but these copies are not to be considered as official copies. They are simply copies for your individual use. The official copies will be printed later on and furnished to you.

The remarks of the president were translated by the secretary into Spanish.

The PRESIDENT. Gentlemen, the work for which this convention was assembled is about completed. Before parting it will be agreeable to all, I have no doubt, that we should hear from each delegate to the convention a short word of congratulation or expression of the pleasure that has been experienced or any comments that may seem pertinent to the individual who makes the address. We propose to call on each delegate, according to the alphabetical order of the Republics, as named in the agreement.

The remarks of the president were translated by the secretary into Spanish.

The PRESIDENT. I will first call upon Dr. Eduardo O. Moore, the delegate from Chile.

Doctor Moore addressed the convention in Spanish. [Applause.]

The SECRETARY. I am requested to give an interpretation of the very well-put remarks of Doctor Moore, of Chile. I will make an extract of it, and I request him to tell me if I leave anything out.

Doctor Moore expressed his astonishment at the results obtained at this convention. He says that he never expected to do so much work, and of such an efficient nature as we have done. He says that when he came from his country he thought that he was coming to a congress or a convention the same as the last one we had in Washington, but in this one we have achieved very high results, and of a very important nature, and the signing of this convention is a great step toward the accomplishment of the object of these meetings. He says that he has never signed any document of this sort that has pleased him more than the present one, and he hopes that we may meet again soon; and he hopes every one of us will be at Mexico during the next convention, with the certainty that we will have a splendid time, and a very cordial reception, such as it is customary for the Mexicans to afford. [Applause.]

The PRESIDENT. We will next hear from the Republic of Costa Rica, represented by our distinguished secretary, Dr. D. Juan J. Ulloa, ex-vice-president, ex-minister of the interior of Costa Rica, and ex-president of the medical faculty of Costa Rica.

Doctor ULLOA. Mr. President and members, it gives me the greatest pleasure to express to you, in a few words, my high appreciation of your merits as scientific men and of your qualities as fellow-men. I never was prouder myself before, and I am proud of myself now because I am here among you. I am proud of myself because when I leave Washington to-night—or to-morrow, or whenever I do leave—I will be authorized to say that I was a member of the Second International Convention of the American Republics, and that I was one of those who signed the convention which is going to be of such high meaning to all our Republics, the convention which in the estimation of anyone who thinks rightly means the greatest achievement that we could attain. It means security to health, it means facility to commerce, and it means destruction to unwarranted and ignorant

quarantine measures. It means progress of the twentieth century, and it means death to ignorance in matters relating to public health.

Gentlemen, in the name of Costa Rica, I thank all of you for your cooperation. I thank, sincerely, my distinguished friend Doctor Wyman, all the delegates from the United States, and all the other delegates from the Spanish-American Republics.

In parting, I do not want to say good-bye; I want to embrace you all and say "Au revoir." And I second the words of Doctor Moore, hoping that nothing will stand in our way so as to meet again in the country of our beloved friend, Doctor Licéaga. I know that after the very fine time that we have had here, even if we have worked a little hard, we are going to have a lovely time also in Mexico, and I only hope that these two years that are to come will hurry up and pass away so as to go to Mexico City quickly. [Applause.]

The PRESIDENT. The next is the Republic of Cuba. I hardly know what to say in introducing our great and good friend, Doctor Guiteras, whose name is international in regard to all the matters that have been before this convention. His kindly personality, his great scientific achievements, his great interest in all these matters, has been a powerful influence in this convention, and I call upon Dr. D. Juan Guiteras for remarks.

Doctor GUITERAS. Mr. President, I thank you very much, and I have only to say that I am proud also, like Doctor Moore, to have been able to put my signature to this document, and I think as the years go on every one of us will feel more and more proud of the work that we have done. I congratulate the convention for the effort they have made to bring this task to a successful termination. [Applause.]

Doctor Guiteras repeated his remarks in Spanish. [Applause.]

The PRESIDENT. Will Doctor Guiteras kindly explain to those who speak English only, the substance of what Doctor Ulloa said in English, briefly? I think they would be glad to hear it. Not in full, but briefly.

Doctor GUITERAS. I wish I had thought of doing so while he was delivering it. It impressed me very, very deeply, and I am usually better at saying things for other people than for myself.

The preceding response of Doctor Ulloa was here translated into Spanish by Doctor Guiteras.

The secretary addressed the convention in Spanish.

The SECRETARY. Concerning the resolutions that have been offered, thanking those who have shown us courtesies, I have just had the honor to make the motion in Spanish, extending those thanks also to Mr. Fox, of the Bureau of American Republics.

The PRESIDENT. We would like also to hear from the distinguished representative of the chief executive of the sanitary department of Habana, Dr. Henry B. Barnet.

Doctor Barnet addressed the convention in Spanish. [Applause.]

The PRESIDENT. The Republic of Ecuador; Dr. Miguel Alcivar. Doctor Alcivar will excuse me if I do not get the Spanish just right, but we all know who you are, no matter how I pronounce your name.

Doctor Alcivar here addressed the convention in Spanish. His remarks were not translated.

The PRESIDENT We are fortunate in having with us at this convention the minister from the Dominican Republic, who is also a

delegate to this convention, and we would like to hear from him. Señor Don Emilio Joubert.

Señor Joubert here addressed the convention in Spanish. His remarks were not translated. (See Appendix, p. 192.)

The PRESIDENT. I am sure we are all glad to hear from Mr. Joubert, and I take this occasion to say that when the call of the Republics was held he was not present, but he afterwards informed me that he would present a report in accordance with the reports from the other Republics as to sanitary conditions, and later on promised that he would send it in in writing, and I am sure we would be very glad to receive it, as well as his remarks which he has just made, if he will put them in writing. And I hope that it will be understood, broadly, by those who speak in Spanish, that we will be glad to have them transmit their remarks to the Director of the Bureau of American Republics, and that they will be printed in the proceedings of to-day in both English and Spanish. Director Fox, I am sure, will have them translated for us.

I next call upon the United States. I will make my few remarks at the close, as I bid you good-bye, and I will call now upon Asst. Surg. Gen. H. D. Geddings.

Doctor GEDDINGS. Mr. President and gentlemen, I am sure that I would voice the sentiments of the delegates of the United States in saying that the recollection of this convention must ever be a source of pride and pleasure, when we remember that the work on which we have been engaged all this week, and which we have brought to a conclusion this evening, is one that marks a new departure on the Western Continent. And it would be impossible to part without saying how much gratification has been given me by the good spirit, the fraternal feeling, and the spirit, to use an Americanism, of give and take, which has characterized the transactions of this congress. To have met so many distinguished men from various countries has been a source of unspeakable pleasure, and I voice—I reecho—the sentiments of Doctor Ulloa, whom we have all learned to esteem so highly, in saying that the years that intervene between now and the meeting in the Republic of Mexico, under the protection and patronage of Doctor Licéaga, can not roll around too rapidly.

Good-bye is always a hard word to say, but the good feelings of the delegates from the United States accompany those gentlemen who return to homes foreign to us. [Applause.]

The PRESIDENT. I will call now upon a representative of our great United States Army—of the Medical Department of it—Dr. Walter D. McCaw, major, surgeon in the United States Army.

Doctor MCCAW. Mr. President and gentlemen, as a member of the United States Army I feel a particular pride in having been permitted to take a part in such an important convention as this. Our little military force is so much of the people and for the people that it is interested, of course, as all other citizens, in the questions of public health of this and the neighboring countries. I know that they will be pleased that even a humble representative of their body has had the privilege of putting his signature to the important articles of this convention adopted to-day.

I would like to say, with the others, that I look forward over the intervening years to the time of the meeting which will take place in Mexico; but I am afraid that the prospects of the pleasurable stay

in that city will be so great among the members of the Army that I shall find many formidable competitors for the position. I only hope that I shall win in the race.

A few of us have taken in the past an important part in the sanitation of the American Continent. We hope to do something in the future when called upon. In the meantime, we stand by and look with applause at the magnificant work that is being done by the governments of this and the other countries, and we will feel our full share in the thrill of victory when it is said that yellow fever is no more and that plague and cholera can not be introduced into the countries of America. [Applause.]

The PRESIDENT. I scarcely need to introduce to you the next delegate from the United States, whose services have been so marked in this convention; I take pleasure in calling upon Dr. J. D. Gatewood, of the United States Navy.

Doctor GATEWOOD. Mr. President and gentlemen, being a plain man and not an orator, I am afraid that I shall appear at some disadvantage among such remarkable speakers as I have heard here this afternoon. I feel that I have been dignified—although a plain man—in being among you as the representative of the Medical Department of the United States Navy. The Navy is particularly interested in all matters relating to quarantine, in all matters relating to international quarantine, inasmuch as it visits the ports of all countries. I have sat here, taking only a very humble part in the work that you have performed, but being an individual who visits and representing a number of individuals who are constantly visiting, countries that you represent here, I feel that I can very appropriately congratulate you on the important work you have accomplished here during this convention. As we are all about to leave, having finished up this work, and are about to scatter in various directions over the earth, I can only say that I hope when you leave this city of Washington, and when you leave this country of the United States of America, you will all go away with the most pleasant recollections, and also with the sense of duty well performed at this convention.

I hope that we shall all meet again in other parts of the world. I have the prospect of meeting you all, and I look forward to it with the greatest pleasure imaginable. I congratulate you all on the work you have done here, and I wish you all good-bye, with the sincere hope that we shall meet again. [Applause.]

The PRESIDENT. I will now call upon that delegate of the United States who is here in the capacity not only of a representative of the great American Medical Association, which is *the* association of physicians of the United States—the emphasis on "the" meaning that it is the largest and most powerful body of physicians in the United States—but who is also a member of the board of trustees, the very important body which guides the destinies of that association. I call upon Dr. H. L. E. Johnson.

Dr. H. L. E. JOHNSON. Mr. President and delegates of the convention, I feel it a great honor, indeed, to be selected to be a member of this organization. I appreciate very thoroughly the amount of good that the other gentlemen have done, and it is a great pleasure to me to be present here and to meet my old friends of foreign countries, whom I have met and known for years, and the hospitalities

of whose homes I have enjoyed, in many instances, in their own countries, and to feel that we brothers have come together again.

I hope that we may all meet, as we stand here, in Mexico again and experience the beautiful hospitality and enjoy the pleasures and beautiful scenery and the personal attention in which we were so fortunate while we were in Mexico in 1897.

The fruits of this convention I think can not be overestimated. We have practically sown the seed of good health throughout the United States, and, joining with the other members of the convention who have done the same work in other countries, we represent now a united body for mutual protection against disease, which is to-day the highest principle of medical movement.

I feel sure that as a few months or years pass by the diseases which have stood in the way of the completion of the Panama Canal, which we might term the ideal of the President of the United States to accomplish, will be removed and that the great good to this country which is expected in health, wealth, and prosperity will flow from it, and that we will have those mutual benefits which are expected with our brothers of the Latin-American countries. I feel sure that by the removal of these disease-producing foci we will in the future to a large extent divert our travel from the foreign countries on the other side to become better acquainted with our brothers on this side.

I feel it one of the greatest pleasures and honors of my life to have been a member of this body, and last, but not least, to have met once more the lovely friends and brothers to whom I am so much devoted and whom no one can appreciate more. [Applause.]

The PRESIDENT. The Republic of Guatemala, Señor Don Joaquin Yela.

The SECRETARY. He is not present.

The PRESIDENT. The Republic of Mexico. And when we mention the name of Mexico the word Licéaga follows it in this convention. Doctor Licéaga is one of the original progenitors, I was going to say, of this convention. He took an active interest at the very start, and at the conference of American States held in the city of Mexico in 1890 and 1891 he was most active in bringing about the resolutions which called forth this convention. As I said on the opening day of this convention, it was through his personality and active interest, his scientific knowledge and administrative force, that on the part of Mexico all the measures were taken which were necessary to prevent the recurrence of the yellow fever after the epidemic of 1902, and I found in him a very able advocate and assistant in carrying forward the measures which I desired, and others desired, to have executed in the United States. So that Mexico and the United States worked practically side by side and hand in hand in the elimination of the fever at that time, and were successful.

I call upon Doctor Licéaga to address the convention. [Applause.]

Doctor Licéaga addressed the convention in Spanish. His remarks were not translated.

The PRESIDENT. I next have the honor to call upon the delegate from Nicaragua, than whom no more earnest member we have had in this convention in all that relates to sanitation and all that relates to quarantine protection between our various Republics. I call, therefore, upon Dr. D. J. L. Medina. [Applause.]

Doctor MEDINA. Mr. President, first I will thank you for your kind words. Secondly, I will say in the name of the Republic of Nicaragua, which I have the honor to represent, that I am sure my colleagues will receive with delight the words of this convention, and not only will the action of the convention be accepted, but we will do all that is in our power to carry on the practical work to a successful and faithful realization.

Next I will thank all my fellows in this convention. It has been a pleasure to me for us to be all together here, all working with such a brotherly feeling, which really makes us forget all the harshness that an American man has to go through in life. It is not often that we have the opportunity to meet such a company of fellows with such a friendly feeling as that which has been exhibited here and in which this convention has discharged its duties. I hope that we will soon meet again, as all of my colleagues have expressed the hope of meeting in Mexico.

There may be some people who think that we have overestimated the work of this convention and who may have criticised it. I think that the work of this convention will be fully appreciated in this matter, but not to-day. The work of this week of this convention here I am sure will be a monument in days to come, because others will follow, will improve it, and will carry on to success that which may be out of our reach to-day.

I hope to meet you all in Mexico, and in closing I wish only to express my sincerest respect for Doctor Licéaga, who really has been the shining member of this convention. [Applause.]

The PRESIDENT. I am sure we were all very much pleased to learn that we had a delegate from Peru at this convention. You will remember that Peru was not represented at the first convention, and when I received a call from Doctor Lavorería I was very much delighted, because I had heard of him from some of my officers in Panama and I knew of his high reputation in his own country, and I was delighted to know that Peru was to be represented, particularly as the relations between Peru and the other Republics, and especially the United States, are becoming more intimate.

Our relations are becoming closer; we are being drawn nearer together in these matters and are dependent more upon one another than we were formerly, and I wish to say that the authorities of Peru have shown their disposition to do everything that is possible in the elimination of plague and the other epidemic diseases. In other words, they are in the front rank, and I call upon the distinguished representative, Doctor Lavorería. [Applause.]

Doctor Lavorería addressed the convention in Spanish. [Applause.]

Doctor Lavorería's remarks were not translated.

The PRESIDENT. We have had with us during the convention the genial presence of the chargé d'affaires of Uruguay and we would like to hear from him. I am informed that he is not here at the present time.

The representative of the Republic of Venezuela is not here with us at the present time, although he has been in the hall a number of times.

We have with us two distinguished gentlemen who have been invited to the privileges of the floor, and I would like to call upon Doctor Carroll, of the United States Army.

Doctor CARROLL. Mr. President and gentlemen of the convention, I beg to be permitted to express my sincere thanks for the great honor and privilege that has been accorded me of being present at the proceedings of this convention. I assure you that I have found them both interesting and instructive, and their results are so far-reaching that we can only conjecture the ultimate outcome. I rejoice with you in the results that have been accomplished so far, and I rejoice particularly because I feel that we can look forward now with almost absolute certainty to the accomplishment in the near future of the absolute extinction of the yellow fever from the North American continent and later from the whole continent, which means practically the universe.

The time has flown so rapidly, and it is now so late, that it would not be proper for me to detain you any longer. I desire again to express my great appreciation of the honor that has been conferred upon me. [Applause.]

The PRESIDENT. I will call now upon Doctor Stiles, the medical zoologist of the Public Health and Marine-Hospital Service.

Doctor STILES. Mr. President and gentlemen, I am sure I voice the sentiments of my colleagues in the hygienic laboratory, to whom you extended the courtesies of the floor, when I thank you very much for the instructive time that we have had in these meetings here during this week. It has been instructive to us from various points of view. In a laboratory we naturally work primarily upon theoretical grounds, and it is of great value to us to come into contact with the class of men whose experience leads them into the broader lines of administrative work. It is a great satisfaction to us, further, to see practical deductions from our laboratory works put upon paper by a class of men capable of understanding their bearing upon the public health. Such deductions can be utilized only by men who have a very broad view of administrative work, combined with a deep insight into the theoretical work of the laboratory.

Speaking personally, I have had another great satisfaction in being here—namely, not as a physician, but as a zoologist. It has been my conviction for a good many years past that there are a number of problems in medicine which should be attacked from the zoological standpoint. Already a number of diseases have been cleared up, or partially cleared up, by working on zoological lines. Curiously enough, it has not been, as a rule, the zoologists who have brought out these facts, but the physicians have invaded the zoological field and have discovered the zoological principles and zoological facts which zoologists themselves had overlooked. It is always, therefore, a great pleasure for a professional zoologist to acknowledge the debt that zoology owes to medicine in showing the zoologist just how important zoology is to medicine.

Personally, also, I have had great satisfaction in attending these meetings from an entirely different point of view—namely, the inspiration which a young man receives from personal association with men so much his seniors in experience, in years, and in practical work accomplished.

And, finally, there is one other example that has been set to me here. Some of us in the laboratory are sometimes a little anxious about working too hard in one week, for fear we may lose too much

of our flesh. As I look around the room I think how hard the members of this conference have worked, and yet I do not note that there has been any great reduction in the circumference of my good friend, Dr. H. L. E. Johnson, or of my good friend from the Army, or of our worthy president.

I wish to thank you very much indeed for having extended the courtesies of the floor to me, and in the absence of my colleagues, Doctor Anderson and Doctor Hunt, I will speak in their names also. [Applause.]

The PRESIDENT. Gentlemen, there is one more gentleman whom I wish to address this convention for as long as he likes—one to whom we are greatly indebted for the preparation for and assistance in the conduct of this convention. He stands there now, on guard over that sacred document which we have just signed. [Laughter.] Although, literally speaking, he is sitting, he is still on guard, and I am sure we will all be glad to hear from the Hon. W. C. Fox, Director of the Bureau of the American Republics.

Mr. FOX. Mr. President and gentlemen, the hour is really so late that I do not think I should detain you, but I wish to extend my sincere thanks and the thanks of the Bureau for the courteous remarks that have been made about us, and to assure you further that what we have done has been only a duty, and one which we have been but too glad to perform. The Bureau has certain functions, and I believe this occasion has demonstrated that these functions are worthy. I recall that when, upon the opening day of this convention I had the honor of escorting the honorable Secretary of State down to this hall, in coming down in the carriage he talked over a few matters, and I said to him then that I did not know what practical results would come out of this convention nor did I know what practical results would come out of the work of the Bureau. He said to me, "Do not worry about that. You are a good deal in the position of a lawyer making an argument to the court. The argument may be very good or it may be indifferent, but as long as you are making that argument you keep the court's attention on the case." And I think that is what you are doing; and I am very glad that I have had opportunity, in a small way, to have been of some little assistance to you distinguished gentlemen in completing this magnificent piece of work. [Applause.]

The PRESIDENT. The minutes of this meeting of to-day will have to be approved by some one after the final adjournment of the convention, and before adjourning it would be competent for some one to make a motion that the president and the secretary be authorized to approve the minutes, or to make some provision, in any manner that seems fit and proper to the convention, for the approving of the minutes of to-day.

Dr. H. L. E. JOHNSON. I move you, sir, that the minutes be referred to the president and secretary for their approval and that their approval be the approval of the convention.

The motion was seconded.

The question was taken, and the motion was agreed to.

The PRESIDENT. Gentlemen of the convention [Applause], the moment has arrived when we are about to adjourn, to meet again in the Third International Sanitary Convention of the American Republics in the City of Mexico two years hence. A valedictory is

supposed to be an address carefully thought out, carefully prepared. As you are aware, the business of this convention has been so serious, so engaging, that it has been practically impossible for me to prepare an address which I think would be worthy of this occasion. So I am simply about to bid you adieu with the expression of the thoughts that come into my mind at the moment. And, reviewing the work of the past week, I feel that there is much with regard to which congratulations are in order to each and every member of this convention. We have made one another's acquaintance in a way in which it has never been made before. Now, when we see the papers or read the journals or magazines of the different countries represented by this convention the thoughts of each one of us will revert to the faces that are here now. We will each associate the others with the countries which they represent, and we will therefore have a deeper and more personal feeling toward the nations which are represented here.

I feel that we have had a very successful time, judged from the standpoint of social intercourse. We have learned to know one another, we have learned to appreciate the high attainments of the individual members of this convention, and we have learned to appreciate the kindly thoughts and the kindly expressions which have been so constant throughout the past week.

We are also to be congratulated upon the evidences of scientific attainment which have been so manifest in the proceedings of this convention. I do not know whether it has occurred to you, as it has occurred to me, that one of the reasons that we have met with such success in our deliberations and our conclusions is the fact that the Republics taking part in this convention are represented by men of high education—finished, cultivated gentlemen. That fact has made it comparatively easy for us to agree upon these great principles which we have put into form and which we hope to emphasize by administration.

Again, we are to be congratulated upon the great international effect of such a convention as we have held. Aside from medicine and sanitation, such conventions as this bring nations nearer together, which is one of the aims and is the great trend of modern thought. Peru and Chile no longer seem as far off as they did ten years ago to us, and I trust the United States does not appear as far off to you gentlemen as it used to. So that we are an element in the progress of civilization, in the establishment of the brotherhood of man, which I think is the highest aim that can be sought by any organization or by individuals working in a convention or working individually.

Personally I wish to extend to each and every one of you my thanks for your very courteous treatment of your president. There has not been one ripple of unpleasantness throughout the whole week. I have felt that in my efforts to conduct the convention I have had the sympathetic support—the sympathy and the support—of every one of you, for without both the convention could not have been a success so far as my presidency was concerned; and I want to renew my thanks and to express my great appreciation of the fact that I was reelected to the presidency of this Second International Sanitary Convention of the American Republics, a convention which I believe will go into history as the beginning of great

things for the Western Hemisphere, great advances in the Western Hemisphere, advances in sanitation, advances in relieving commerce of many of its unduly restrictive measures, advances in good sanitation, which adds so much to the public health and prosperity of nations.

I will now wish you all a fond farewell. By "fond farewell" I mean that in going away you carry with you the loving thoughts of the American delegates and of myself; that we look forward to the third convention in the City of Mexico with the greatest of pleasure. And we sympathize with the remark that was made by one of the delegates, to the effect that he wished that the time might be short between this convention and the next.

With these few remarks I bid you farewell, and I declare the Second General International Sanitary Convention of the American Republics at an end. [Applause.]

APPENDIX.

APPENDIX.

SECOND GENERAL INTERNATIONAL SANITARY CONVENTION.

CONVENTION AD REFERENDUM CONCLUDED AT THE SECOND GENERAL INTERNATIONAL SANITARY CONVENTION OF THE AMERICAN REPUBLICS, IN WASHINGTON, ON OCTOBER 14, 1905.

The Presidents of the Republics of Chile, Costa Rica, Cuba, Dominican Republic, Ecuador, Guatemala, Mexico, Nicaragua, Peru, United States of America, and Venezuela, having found that it is useful and convenient to codify all the measures destined to guard the public health against the invasion and propagation of yellow fever, plague, and cholera, have designated as their delegates, to wit:

Republic of Chile, Señor Dr. D. Eduardo Moore, professor of the medical faculty, hospital physician;

Republic of Costa Rica, Señor Dr. D. Juan J. Ulloa, ex-vice-president, ex-minister of the interior of Costa Rica, ex-president of the medical faculty of Costa Rica;

Republic of Cuba, Señor Dr. D. Juan Guiteras, member of the superior board of health of Cuba, director of the "Las Animas" Hospital, professor of general pathology and tropical medicine of the University of Habana, and Señor Dr. D. Enrique B. Barnet, executive chief of the health department of Habana, member and secretary of the superior board of health of Cuba;

Republic of Ecuador, Señor Dr. D. Serafin S. Wither, chargé d'affaires and consul-general of Ecuador in New York, and Señor Dr. D. Miguel H. Alcívar, member of the superior board of health of Guayaquil, professor of the medical faculty and surgeon of the General Hospital of Guayaquil;

Republic of the United States of America, Dr. Walter Wyman, Surgeon-General of the Public Health and Marine-Hospital Service of the United States; Dr. H. D. Geddings, Assistant Surgeon-General of the Public Health and Marine-Hospital Service of the United States and representative of the United States at the sanitary convention of Paris; Dr. J. F. Kennedy, secretary of the board of health of the State of Iowa; Dr. John S. Fulton, secretary of the board of health of the State of Maryland; Dr. Walter D. McCaw, major, surgeon in the United States Army; Dr. J. D. Gatewood, surgeon in the United States Navy; Dr. H. L. E. Johnson, member of the American Medical Association (member of the board of trustees);

Republic of Guatemala, Señor Dr. D. Joaquín Yela, consul-general of Guatemala in New York;

Republic of Mexico, Señor Dr. D. Eduardo Licéaga, president of the superior council of health of Mexico, director and professor of the National School of Medicine, member of the Academy of Medicine;

Republic of Nicaragua, Señor Dr. D. J. L. Medina, member of the Second Pan-American Medical Congress of the city of Habana in 1901;

Republic of Peru, Señor Dr. D. Daniel Eduardo Lavorería, professor of the medical faculty, member of the National Academy of Medicine, physician of the "Dos de Mayo" Hospital, chief of the division of hygiene of the ministry of fomento;

Dominican Republic, Señor D. Emilio C. Joubert, minister resident in Washington;

Republic of Venezuela, Señor D. Nicolás Veloz-Goiticoa, chargé d'affaires of Venezuela,

Who, having made an interchange of their powers and found them good, have agreed to adopt, ad referendum, the following propositions:

CHAPTER I.

REGULATIONS TO BE OBSERVED BY THE POWERS SIGNATORY TO THE CONVENTION AS SOON AS PLAGUE, CHOLERA, OR YELLOW FEVER MAY APPEAR IN THEIR TERRITORY.

SECTION I.—*Notification and subsequent communications to other countries.*

ARTICLE I. Each Government should immediately notify other Governments of the first appearance in its territory of authentic cases of plague, cholera, or yellow fever.

ART. II. This notification is to be accompanied, or very promptly followed, by the following additional information:

1. The neighborhood where the disease has appeared.
2. The date of its appearance, its origin, and its form.
3. The number of established cases and the number of deaths.
4. For plague—the existence among rats or mice of plague, or of an unusual mortality; for yellow fever—the existence of *Stegomyia fasciata* in the locality.
5. The measures taken immediately after the first appearance.

ART. III. The notification and the information prescribed in Articles I and II are to be addressed to diplomatic and consular agents in the capital of the infected country; but this is to be construed as not preventing direct communication between officials charged with the public health of the several countries.

For countries which are not thus represented, they are to be transmitted directly by telegraph to the Governments of such countries.

ART. IV. The notification and the information prescribed in Articles I and II are to be followed by further communications dispatched in a regular manner in order to keep the Governments informed of the progress of the epidemic.

These communications, which are to be made at least once a week, and which are to be as complete as possible, should indicate in detail the precautions taken to prevent the extension of the disease.

They should set forth, first, the prophylactic measures taken relative to sanitary or medical inspection, to isolation, and disinfection; second, the measures taken relative to departing vessels to prevent the exportation of the disease, and, especially under the circumstances mentioned in paragraph 4 of Article II of this section, the measures taken against rats and mosquitoes.

ART. V. The prompt and faithful execution of the preceding provisions is of the very first importance.

The notifications only have a real value if each Government is warned in time of cases of plague, cholera, or yellow fever and of suspicious cases of those diseases supervening in its territory. It can not, then, be too strongly recommended to the various Governments to make obligatory the declaration of cases of plague, cholera, or yellow fever, and of giving information of all unusual mortality of rats and mice, especially in ports.

ART. VI. It is understood that neighboring countries reserve to themselves the right to make special arrangements with a view of organizing a service of direct information between the chiefs of administration upon the frontiers.

SECTION II.—*Conditions showing a given territorial area to be infected or to have been freed from infection.*

ART. VII. Information of a first case of plague, cholera, or yellow fever does not justify against a territorial area where it may appear the application of the measures prescribed in Chapter II, as hereinafter indicated.

Upon the occurrence of several nonimported cases of plague or a nonimported case of yellow fever or when cases of cholera form a focus the area is to be declared infected.

ART. VIII. To limit the measures to the affected regions alone, Governments should only apply them to persons and articles proceeding from the contaminated or infected areas.

By the word "area" is understood a well-determined portion of territory described in the information which accompanies or follows notification; thus, a province, a state, "a government," a district, a department, a canton, an island, a commune, a city, a quarter of a city, a village, a port, a "polder," a hamlet, etc., whatever may be the extent and population of these portions of territory.

But this restriction, limited to the infected area, should only be accepted upon the formal condition that the Government of the infected country shall take the necessary measures, 1, to prevent, unless previously disinfected, the exportation of articles named in 1 and 2 of Article XII coming from the contaminated area; and 2, measures to prevent the extension of the epidemic; and provided further, that there be no doubt that the sanitary authorities of the infected country have faithfully complied with Article I of this convention.

When an area is infected, no restrictive measure is to be taken against departures from this area if these departures have occurred five days, at least, before the beginning of the epidemic.

ART. IX. That an area should no longer be considered as infected, official proof must be furnished:

First, that there has been neither a death nor a new case of plague or cholera for five days after isolation,[a] death, or cure of the last plague or cholera case. In the case of yellow fever the period shall be eighteen days, but each Government may reserve the right to extend this period.

Second, that all the measures of disinfection have been applied; in the case of plague, that the precautions against rats have been observed, and in the case of yellow fever that the measures against mosquitoes have been executed.

CHAPTER II.

MEASURES OF DEFENSE BY OTHER COUNTRIES AGAINST TERRITORIES DECLARED TO BE INFECTED.

SECTION I.—*Publication of prescribed measures.*

ART. X. The Government of each country is obliged to immediately publish the measures which it believes necessary to take against departures either from a country or from an infected territorial area.

The said Government is to communicate at once this publication to the diplomatic or consular agent of the infected country residing in its capital, as well as to the International Sanitary Bureau.

The Government shall be equally obliged to make known through the same channels the revocation of these measures or modifications which may be made in them.

In default of a diplomatic or consular agency in the capital, communications are made directly to the Government of the country interested.

SECTION II.—*Merchandise—Disinfection—Importation and transit—Baggage.*

ART. XI. There exists no merchandise which is of itself capable of transmitting plague, cholera, or yellow fever. It only becomes dangerous in case it is soiled by pestous or choleraic products, or, in the case of yellow fever, when such merchandise may harbor mosquitoes.

ART. XII. No merchandise or objects shall be subjected to disinfection on account of yellow fever, but in cases covered by the previous article the vehicle of transportation may be subjected to fumigation to destroy mosquitoes. In the case of cholera and plague disinfection should only be applied to merchandise and objects which the local sanitary authority considers as infected.

Nevertheless, merchandise or objects enumerated hereafter may be subjected to disinfection or prohibited entry, independently of all proof that they may or may not be infected:

1. Body linen, wearing apparel in use, clothing which has been worn, bedding already used.

When these objects are transported as baggage, or in the course of a change of residence (household furniture), they should not be prohibited, and are to be subjected to the regulations prescribed by Article XIX.

Baggage left by soldiers and sailors and returned to their country after death are considered as objects comprised in the first paragraph of No. 1 of this article.

2. Rags, and rags for making paper, with the exception, as to cholera, of rags which are transported as merchandise in large quantities compressed in bales held together by hoops.

New clippings coming directly from spinning mills, weaving mills, manufactories or bleacheries, shoddy, and clippings of new paper, should not be forbidden.

ART. XIII. In the case of cholera and plague there is no reason to forbid the transit through an infected district of merchandise and the objects specified in Nos. 1 and 2 of the preceding article if they are so packed that they can not have been exposed to infection in transit.

In like manner, when merchandise or objects are so transported that in transit they can not come in contact with soiled objects, their transit across an infected territorial area should not be an obstacle to their entry into the country of destination.

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[a] The word "isolation" signifies isolation of the patient, of the persons who care for him, and the forbidding of visits of all other persons, the physician excepted. By isolation in the case of yellow fever is understood the isolation of the patient in an apartment so screened as to prevent the access of mosquitoes.

ART. XIV. The entry of merchandise and objects specified in Nos. 1 and 2 of Article XII should not be prohibited if it can be shown to the authorities of the country of destination that they were shipped at least five days before the beginning of the epidemic.

ART. XV. The method and place of disinfection, as well as the measures to be employed for the destruction of rats and mosquitoes, are to be fixed by authority of the country of destination, upon arrival at said destination. These operations should be performed in such a manner as to cause the least possible injury to the merchandise.

It devolves upon each country to determine questions relative to the payment of damages resulting from disinfection or from the destruction of rats or mosquitoes.

If taxes are levied by a sanitary authority, either directly or through the agency of any company or agent, to insure measures for the destruction of rats and mosquitoes on board ships, the amount of these taxes ought to be fixed by a tariff published in advance, and the result of these measures should not be a source of profit for either State or sanitary authorities.

ART. XVI. Letters and correspondence, printed matter, books, newspapers, business papers, etc. (postal parcels not included), are not to be submitted to any restriction or disinfection. In case of yellow fever postal parcels are not to be subjected to any restrictions or disinfection.

ART. XVII. Merchandise arriving by land or by sea should not be detained permanently at frontiers or in ports.

Measures which it is permissible to prescribe with respect to them are specified in Article XII.

Nevertheless, when merchandise, arriving by sea in bulk (vrac) or in defective packages, is contaminated by pest-stricken rats during the passage and is incapable of being disinfected, the destruction of the germs may be assured by putting said merchandise in a warehouse for a period to be decided by the sanitary authorities of the port of arrival.

It is to be understood that the application of this last measure should not entail delay upon any vessel nor extraordinary expenses resulting from the want of warehouses in ports.

ART. XVIII. When merchandise has been disinfected by the application of the measures prescribed in Article XII, or put temporarily in warehouses in accordance with the third paragraph of Article XVII, the owner or his representative has the right to demand from the sanitary authority which has ordered such disinfection or storage a certificate setting forth the measures taken.

ART. XIX. Baggage. In the case of soiled linen, bed clothing, clothing, and objects forming a part of baggage or furniture coming from a territorial area declared contaminated, disinfection is only to be practiced in cases where the sanitary authority considers them as contaminated. There shall be no disinfection of baggage on account of yellow fever.

SECTION III.—*Measures in ports and at maritime frontiers.*

ART. XX. Classification of ships. A ship is considered as infected which has plague, cholera, or yellow fever on board, or which has presented one or more cases of plague or cholera within seven days or a case of yellow fever at any time during the voyage.

A ship is considered as suspected on board of which there have been a case or cases of plague or cholera at the time of departure or during the voyage, but no new case within seven days; also such ships as have lain in such proximity to the infected shore as to render them liable to the access of mosquitoes.

The ship is considered indemne which, although coming from an infected port, has had neither death nor case of plague, cholera, or yellow fever on board, either before departure, during the voyage, or at the time of arrival, and which in the case of yellow fever has not lain in such proximity to the shore as to render it liable, in the opinion of the sanitary authorities, to the access of mosquitoes.

ART. XXI. Ships infected with plague are to be subjected to the following regulations:

1. Medical visit (inspection).
2. The sick are to be immediately disembarked and isolated.
3. Other persons should also be disembarked, if possible, and subjected to an observation,[a] which should not exceed five days dating from the day of arrival.
4. Soiled linen, personal effects in use, the belongings of crew[b] and passengers which, in the opinion of the sanitary authorities are considered as infected, should be disinfected.

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[a] The word "observation" signifies isolation of the passengers, either on board ship or at a sanitary station, before being given free pratique.

[b] The term "crew" is applied to persons who may make or who have made a part of the personnel of the vessel and of the administration thereof, including stewards, waiters, "cafedji," etc. The word is to be construed in this sense wherever employed in the present convention.

5. The parts of the ship which have been inhabited by those stricken with plague, and such others as, in the opinion of the sanitary authorities are considered as infected, should be disinfected.

6. The destruction of rats on shipboard should be effected before or after the discharge of cargo as rapidly as possible, and in all cases with a maximum delay of forty-eight hours, care being taken to avoid damage of merchandise, the vessel and its machinery.

For ships in ballast this operation should be performed immediately before taking on cargo.

ART. XXII. Ships suspected of plague are to be subjected to the measures which are indicated in Nos. 1, 4, and 5 of Article XXI.

Further, the crew and passengers may be subjected to observation, which should not exceed five days, dating from the arrival of the ship. During the same time the disembarkment of the crew may be forbidden, except for reasons of duty.

The destruction of rats on shipboard is recommended. This destruction is to be effected before or after the discharge of cargo, as quickly as possible, and in all cases with a maximum delay of forty-eight hours, taking care to avoid damage to merchandise, ships and their machinery.

For ships in ballast this operation should be done, if done at all, as early as possible, and in all cases before taking on cargo.

ART. XXIII. Ships indemne from plague are to be admitted to free pratique immediately, whatever may be the nature of their bill of health.

The only regulation which the sanitary authorities at a port of arrival may prescribe for them consists of the following measures:

1. Medical visit (inspection).

2. Disinfection of soiled linen, articles of wearing apparel, and the other personal effects of the crew and passengers, but only in exceptional cases, when the sanitary authorities have special reason to believe them infected.

3. Without demanding it as a general rule, the sanitary authorities may subject ships coming from an infected port to a process for the destruction of the rats on board before or after the discharge of cargo. This operation should be done as soon as possible, and in all cases should not last more than twenty-four hours, care being taken to avoid damaging merchandise, ships and their machinery, and without interfering with the passing of passengers and crew between the ship and the shore. For ships in ballast this procedure, if practiced, should be put in operation as soon as possible, and in all cases before taking on cargo.

When a ship coming from an infected port has been subjected to a process for the destruction of rats, this process should only be repeated if the ship has touched meanwhile at an infected port and has been alongside a quay in such port, or if the presence of sick or dead rats on board is proven.

The crew and passengers may be subjected to a surveillance, which should not exceed five days, to be computed from the date when the ship sailed from the infected port. The landing of the crew may also, during the same time, be forbidden except for reasons of duty.

Competent authority at the port of arrival may always demand, under oath, a certificate of the ship's physician, or in default of a physician, of the captain, setting forth that there has not been a case of plague on board since departure and that no marked mortality among the rats has been observed.

ART. XXIV. When upon an indemne ship rats have been recognized as pest stricken as a result of bacteriological examination, or when a marked mortality has been established among these rodents, the following measures should be applied:

1. Ships with plague-stricken rats:

(*a*) Medical visit (inspection).

(*b*) Rats should be destroyed before or after the discharge of cargo as rapidly as possible, and in all cases with a delay not to exceed forty-eight hours; the deterioration of merchandise, vessels and machinery to be avoided. Upon ships in ballast, this operation should be performed as soon as possible, and in all cases before taking on cargo.

(*c*) Such parts of the ship and such articles as the local sanitary authority regards as infected shall be disinfected.

(*d*) Passengers and crew may be submitted to observation, the duration of which should not exceed five days, dating from the day of arrival, except in special cases, where the sanitary authority may prolong the observation to a maximum of ten days.

2. Ships where a marked mortality among rats is observed:

(*a*) Medical visit (inspection).

(*b*) An examination of rats, with a view to determining the existence of plague, should be made as quickly as possible.

(*c*) If the destruction of rats is judged necessary, it shall be accomplished under the conditions indicated above in the case of ships with plague-stricken rats.

(*d*) Until all suspicion may be eliminated, the passengers and crew may be submitted to observation, the duration of which should not exceed five days, counting from the date of

arrival, except in special cases, when the sanitary authority may prolong the observation to a maximum of ten days.

ART. XXV. The sanitary authorities of the port must deliver to the captain, the owner, or his agent, whenever a demand for it is made, a certificate setting forth that the measures for the destruction of rats have been efficacious and indicating the reasons why these measures have been applied.

ART. XXVI. Ships infected with cholera are to be subjected to the following regulations:

1. Medical visit (inspection).
2. The sick are to be immediately disembarked and isolated.
3. Other persons ought also to be disembarked, if possible, and subjected, dating from the arrival of the ship, to an observation the duration of which shall not exceed five days.
4. Soiled linen, wearing apparel, and personal effects of crew and passengers which, in the opinion of the sanitary authority of the port, are considered as infected, are to be disinfected.
5. The parts of the ship which have been inhabited by persons sick with cholera, or which are considered by the sanitary authority as infected, are to be disinfected.
6. The bilge water is to be discharged after disinfection.

The sanitary authority may order the substitution of good potable water for that which is contained in the tanks on board.

The discharge or throwing overboard into the water of a port, of dejecta, shall be forbidden unless they have been previously disinfected.

ART. XXVII. Ships suspected of cholera are to be subjected to measures prescribed under Nos. 1, 4, 5, and 6 of Article XXVI.

The crew and passengers may be subjected to an observation, which should not exceed five days, to date from the arrival of the ship. It is recommended during the same time to prevent the debarkation of the crew except for reasons of duty.

ART. XXVIII. Ships indemne of cholera are to be admitted to free pratique immediately, whatever may be the nature of their bill of health.

The only regulations which the sanitary authorities of a port may prescribe in their case are the measures provided in Nos. 1, 4, and 6 of Article XXVI.

The crews and passengers may be submitted, in order to show their state of health, to an observation, which should not exceed five days, to be computed from the date when the ship sailed from the infected port.

It is recommended that during the same time the debarkation of the crew be forbidden except for reasons of duty.

Competent authority at the port of arrival may always demand, under oath, a certificate from the ship's surgeon, or, in the absence of a surgeon, from the captain, setting forth that there has not been a case of cholera upon the ship since sailing.

ART. XXIX. Competent authority will take account, in order to apply the measures indicated in Articles XXI to XXVIII, of the presence of a physician on board and a disinfecting apparatus in ships of the three categories mentioned above.

In regard to plague, it will equally take account of the installation on board of apparatus for the destruction of rats.

Sanitary authorities of such countries, where it may be convenient to make such regulations, may dispense with the medical visit and other measures toward indemne ships which have on board a physician specially commissioned by their country.

ART. XXX. Special measures may be prescribed in regard to crowded ships, notably emigrant ships, or any other ship presenting bad hygienic conditions.

ART. XXXI. Any ship not desiring to be subjected to the obligations imposed by the authority of the port in virtue of the stipulations of the present convention is free to proceed to sea.

It may be authorized to disembark its cargo after the necessary precautions shall have been taken, namely, first, isolation of the ship, its crew and passengers; second, in regard to plague, demand for information relative to the existence of an unusual mortality among rats; third, in regard to cholera, the discharge of the bilge water after disinfection and the substitution of a good potable water for that which is provided on board the ship.

Authority may also be granted to disembark such passengers as may demand it, upon condition that these submit themselves to all measures prescribed by the local authorities.

ART. XXXII. Ships coming from a contaminated port, which have been disinfected and which may have have been subjected to sanitary measures applied in an efficient manner, shall not undergo a second time the same measures upon their arrival at a new port, provided that no new case shall have appeared since the disinfection was practiced and that the ships have not touched in the meantime at an infected port.

When a ship only disembarks passengers and their baggage, or the mails, without having been in communication with terra firma, it is not to be considered as having touched at a port, provided that in the case of yellow fever it has not approached sufficiently near the shore to permit the access of mosquitoes.

ART. XXXIII. Passengers arriving on an infected ship have the right to demand of the sanitary authority of the port a certificate showing the date of their arrival and the measures to which they and their baggage have been subjected.

ART. XXXIV. Packet boats shall be subjected to special regulations, to be established by mutual agreement between the countries in interest.

ART. XXXV. Without prejudice to the right which governments possess to agree upon the organization of common sanitary stations, each country should provide at least one port upon each of its seaboards, with an organization and equipment sufficient to receive a vessel, whatever may be its sanitary condition.

When an indemne vessel, coming from an infected port, arrives at a large mercantile port, it is recommended that she be not sent to another port for the execution of the prescribed sanitary measures.

In ever country ports liable to the arrival of vessels from ports infected with plague, cholera, or yellow fever should be equipped in such a manner that indemne vessels may there undergo, immediately upon their arrival, the prescribed measures, and not be sent for this purpose to another port.

Governments should make declaration of the ports which are open in their territories to arrivals from ports infected with plague, cholera, or yellow fever.

ART. XXXVI. It is recommended that in large seaports there be established:

(*a*) A regular medical service and a permanent medical supervision of the sanitary conditions of crews and the inhabitants of the port.

(*b*) Places set apart for the isolation of the sick and the observation of suspected persons. In the *Stegomyia* belt there must be a building or part of a building screened against mosquitoes, and a launch and ambulance similarly screened.

(*c*) The necessary installation for efficient disinfection and bacteriological laboratories.

(*d*) A supply of potable water above suspicion, for the use of the port, and the installation of a system of sewerage and drainage adequate for the removal of refuse.

SECTION IV.—*Measures upon land frontiers—Travelers—Railroads—Frontier zones—River routes.*

ART. XXXVII. Land quarantines should no longer be established, but the governments reserve the right to establish camps of observation, if they should be thought necessary, for the temporary detention of suspects.

This principle does not exclude the right for each country to close a part of its frontier in case of necessity.

ART. XXXVIII. It is important that travelers should be submitted to a surveillance on the part of the personnel of railroads, to determine their condition of health.

ART. XXXIX. Medical intervention is limited to a visit (inspection), with the taking of temperature of travelers and the succor to be given to those actually sick. If this visit is made, it should be combined as much as possible with the custom-house inspection, to the end that travelers may be detained as short a time as possible. Only persons evidently sick should be subjected to a searching medical examination.

ART. XL. As soon as travelers coming from an infected locality shall have arrived at their destination, it would be of the greatest utility to submit them to a surveillance, which should not exceed ten or five days, counting from the date of departure, the time depending upon whether it is a question of plague or cholera. In case of yellow fever the period should be six days.

ART. XLI. Governments may reserve to themselves the right to take particular measures in regard to certain classes of persons, notably vagabonds, emigrants, and persons traveling or passing the frontier in bands.

ART. XLII. Coaches intended for the transportation of passengers and mails should not be retained at frontiers.

In order to avoid this retention, a system of relays ought to be established at frontiers, with transfer of passengers, baggage, and mails. If one of these carriages be infected or shall have been occupied by a person suffering from plague, cholera, or yellow fever, it shall be detached from the train for disinfection at the earliest possible moment.

ART. XLIII. Measures concerning the passing of frontiers by the personnel of railroads and of the post-office are a matter for agreement of the sanitary authorities concerned. These measures should be so arranged as not to hinder the service.

ART. XLIV. The regulation of frontier traffic, as well as the adoption of exceptional measures of surveillance, should be left to special arrangement between contiguous countries.

ART. XLV. The power rests with governments of countries bordering upon rivers to regulate by special arrangement the sanitary régime of river routes.

ARTICLES RELATING TO YELLOW FEVER.

ART. XLVI. Ships infected with yellow fever are to be subjected to the following regulations:

1. Medical visit (inspection).

2. The sick are to be immediately disembarked, protected by netting against the access of mosquitoes, and transferred to the place of isolation in an ambulance or a litter similarly screened.

3. Other persons should also be disembarked, if possible, and subjected to an observation of six days, dating from the day of arrival.

4. In the place set apart for observation there shall be screened apartments or cages where anyone presenting an elevation of temperature above 37.6° C. shall be screened until he may be carried in the manner indicated above to the place of isolation.

5. The ship shall be moored at least 200 meters from the inhabited shore.

6. The ship shall be fumigated for the destruction of mosquitoes before the discharge of cargo, if possible. If a fumigation be not possible before the discharge of the cargo, the health authorities shall order, either

(*a*) The employment of immune persons for discharging the cargo; or

(*b*) If nonimmunes be employed they shall be kept under observation during the discharging of cargo and for six days, to date from the last day of exposure on board.

ART. XLVII. Ships suspected of yellow fever are to be subjected to the measures which are indicated in Nos. 1, 3, and 5 of the preceding article; and if not fumigated, the cargo shall be discharged as directed under subparagraph (*a*) or (*b*) of the same article.

ART. XLVIII. Ships indemne from yellow fever, coming from an infected port, after the medical visit (inspection) shall be admitted to free pratique, provided the duration of the trip has exceeded six days.

If the trip be shorter, the ship shall be considered as suspected until the completion of a period of six days, dating from the day of departure.

If a case of yellow fever develop during the period of observation, the ship shall be considered as infected.

ART. XLIX. All persons who can prove their immunity to yellow fever, to the satisfaction of the health authorities, shall be permitted to land at once.

ART. L. It is agreed that, in the event of a difference of interpretation of the English and Spanish texts, the interpretation of the English text shall prevail.

TRANSITORY DISPOSITION.

The governments which may not have signed the present convention are to be admitted to adherence thereto upon demand, notice of this adherence to be given through diplomatic channels to the Government of the United States of America and by the latter to the other signatory governments.

Made and signed in the city of Washington on the 14th day of the month of October, 1905, in two copies, in English and Spanish respectively, which shall be deposited in the State Department of the Government of the United States of America, in order that certified copies thereof, in both English and Spanish, may be made to transmit them through diplomatic channels to each one of the signatory countries.

DR. EDUARDO MOORE.
JUAN J. ULLOA.
JUAN GUITERAS.
E. B. BARNET.
EMILIO C. JOUBERT.
M. H. ALCIVAR.
WALTER WYMAN.
H. D. GEDDINGS.
JOHN S. FULTON.
WALTER D. MCCAW.
J. D. GATEWOOD.
H. L. E. JOHNSON, M. D.
JOAQUÍN YELA.
E. LICÉAGA.
J. L. MEDINA, M. D.
DANIEL EDO. LAVORERÍA.
N. VELOZ-GOITICOA.

PAPER READ BY DR. E. LICÉAGA IN ACCORDANCE WITH THE SCIENTIFIC PROGRAMME.

[From translation furnished by Doctor Licéaga.]

GENTLEMEN: Allow me that, before our attention is occupied with the subjects which form the subject-matter of the scientific programme, I direct same for a few moments toward another particular which interests us as a preliminary question now, as it will be afterwards the capital question.

This question, gentlemen, is the one which refers to the primordial object of our reunion; and so as to establish same conveniently, I trust that you will grant me the permission to remind you of its antecedents.

During the last months of the year 1901 and first month of 1902 the Second International American Conference met in Mexico, to which assisted representatives of seventeen of the Republics of the occidental hemisphere so as to promote all that which could increase the moral and material well-being of the respective countries.

By virtue of their full powers those delegates accepted and signed, on the 29th of January, 1902, some resolutions upon "international sanitary police," which contents I ask you permission to extract:

The first one of those resolutions proposes: That all the measures upon international sanitary police remain under the dependency of the national government.

The second asks: That the detention which is to be exacted from the vessels in the ports be of two kinds, one of observation and inspection and the other of disinfection.

The third clause has for object: To suppress the quarantine upon the merchandises and manufactured articles which have not had occasion of getting contaminated upon their passing through an infected country.

The fourth clause proposes: That the Governments lend their cooperation to the provincial and municipal authorities, with the object that they better the sanitary conditions of the places which need it. That clause asks in addition: That the declaration of the infectious sicknesses should be made obligatory from one country to the other.

The fifth clause I permit myself to transcribe integrally, because it is the one which refers directly to the object of our convention. It reads:

5. The second international conference of the American States further recommends, in the interest of the mutual benefit that would be derived therefrom by each of the American Republics, and that they may more readily and effectively cooperate one with the other in all matters appertaining to the subjects mentioned in the above resolutions, that a general convention of representatives of the health organizations of the different American Republics shall be called by the governing board of the International Union of American Republics to meet at Washington, D. C., within one year from the date of the adoption of these resolutions by this conference; that each Government represented in this conference shall designate one or more delegates to attend such convention; that authority shall be conferred by each Government upon its delegates to enable them to join delegates from the other Republics in the conclusion of such sanitary agreements and regulations as in the judgment of said convention may be in the best interests of all the Republics represented therein; that voting in said convention shall be by Republics, each Republic represented therein to have one vote; that said convention shall provide for the holding of subsequent sanitary conventions at such regular times and at such places as may be deemed best by the convention, and that it shall designate a permanent executive board of not less than five members, who shall hold office until the next subsequent convention, at which time the board shall be appointed with a chairman to be elected by ballot by the convention, the said executive board to be known as the "International Sanitary Bureau," with permanent headquarters at Washington, D. C.

Gentlemen, allow me to call your attention upon these facts:

First. In conformity with the clause which I have just read, the First International Sanitary Convention met from the 2d to the 5th of December, 1902.

Second. In conformity with same a new reunion was fixed to take place at Santiago, in Chile, in April of 1904.

Third. In obedience with the same an executive commission was named, which should act permanently between one convention and the following.

Fourth. This executive commission or board, which was denominated "International Sanitary Office," resolved: That the convention which could not meet in Santiago, Chile, in April of 1904, should meet on the 9th of October, 1905, in Washington, D. C.

Fifth and last. This same International Sanitary Office has convoked us in this capital and by virtue of this convocation we are here congregated.

Gentlemen, all the facts which I have just mentioned and our presence here prove to the certainty that the resolutions which were signed on the 29th of January, 1902, by the representatives of the Republics here represented are in full force.

The facts demonstrate equally, gentlemen delegates, that the most part of the preventions contained in clause fifth have been fulfilled, but the nonsigning a convention in 1902 shows also that the principal has not been fulfilled. And I say the principal because this is the final object, the conclusive, and for the same reason the more important of the dispositions, which literally says:

That each one of the Governments represented in this conference appoint one or more delegates, so that they assist to the mentioned convention, giving them the necessary authority, so that they may, together with the other delegates of the other Republics, celebrate the sanitary conventions and enact the regulations which in their judgment may prove more beneficial to the interests of all the countries which may be represented in the same, and with this prevention we have not fulfilled.

Gentlemen delegates, allow me to ask you: Is there in all the resolutions which I have transcribed any precept more concrete, better defined, more clearly expressed?

Is there any possible doubt that it contains the final object of the convention? The answer is not doubtful. This precept is the capital one: The convention has for object to take to the practice all the resolutions of the conference which met in Mexico, relating to the international sanitary police, but very specifically that of "celebrating sanitary agreements and to enact regulations which in the judgment of the same convention should be more beneficial to the interests of all the countries which would be represented in the same."

Gentlemen, have we fulfilled this capital precept in the convention of 1902? Evidently not. But this is explainable. That convention, being the first, was the explorating one of the intentions of the Governments whom accepted to concur to the same. It was destined to fix the extent of the scientific problems, to formulate them, to approve them, if this was possible. All this was done in that convention; the problems were presented; they were concretely formulated; they were definitely resolved, those which were the more important. This means that the preparatory meeting, the preliminary, the one of scientific order, is already ended; that of those subjects the first convention occupied itself. That one fulfilled its duties. It has passed.

Gentlemen, let us possess ourselves of the part which we are to perform in the actual convention. We do not come only with the character which is given to us by our official position of technical advisers in subjects of hygiene; as representatives of the advisory boards; we come now in the name of our Governments, provided with the data which the sanitary science has reached up to the actual moment; bearing on the experience that each one of us has been able to acquire in his respective country, and sufficiently authorized to sign a sanitary convention between the Republics which are represented here.

This is our mission; for this we have come. Let us make, gentlemen, from this first moment the agreement and a solemn one of not separating ourselves before signing those agreements; to enact those regulations, mentioned by the fifth clause, and only then we will have fulfilled with our duties.

Think, gentlemen, in the responsibility which we will incur with our Governments if we return to our homes without having fulfilled the commission which has been confided to us!

I ask you again, gentlemen delegates, that we should not separate without having signed a sanitary convention.

Gentlemen, I have occupied myself exclusively of the legal question because it is the one which obligates us. With intention I did not want to treat the questions of conveniences and utility because these are indubitable.

That the quarantines subsisted in past times, one can conceive and explain, because it rested only on a practical knowledge. This practical knowledge is that the epidemical sicknesses are transmitted by the men, by their means of transportation, by their clothes, and by the merchandises. This is the brutal fact, but it was the one which was used to dictate the precautionary measures. The men bring us the sickness; well, let us detain the men. The vessels transported the sicknesses; let us detain the vessels. The goods some time conduct the sickness; let us stop the entrance of the merchandise. All this are facts of observation, but badly observed. During how much time will we detain the men and the vessels? Upon resolving this question commenced the difference of opinions. Difference of opinion that had for base the observation also, but incomplete of the facts observed.

The vessels used to be detained seven days, ten days, twenty days, forty days, two months as was done at Panama in the year 1892, when the cholera which had invaded Spain threatened.

But to the fear as adviser in hygiene, we commence to substitute the reason:

Already England observes that in the disinfected and cleaned cities the transmissible sicknesses do not become epidemic, and they clean the ports, investing in same enormous sums, and since then they separate the sick men, clean the vessels, and let them in.

After comes the admirable, transcendental discoveries of Pasteur; and at once, as if a veil had been rent, it is discovered that the sicknesses which form the group of the transmissibles depended of different causes of live germs. And after Pasteur come the Kochs, the Pfeiffers, the Rouxs, the Yersins, the Kitassatos, and show us that one is the germ of the

cholera, and another that of the turberculosis, and another that of the diphtheria, and another different the one of the bubonic plague.

And in possession of this knowledge, this is to say, that the germs of those sicknesses are live beings, it is found out the place they occupy in the series; natural history is studied, where are found their conditions to live, how they live, how they develop, what means favor their multiplication and which are unfavorable and in which other their lives are annihilated; and of this detailed and individual knowledge for each germ, of each sickness, logically, necessarily are taken the means to combat them.

But there are transmissible sicknesses, death-dealing ones, which cause the ruin of territories and whole populations and which germ is not yet known. It is true, but then appear the fine, delicate, memorable experiments of Reed, of Carroll, of Agramonte, giving form, color, and life to the discovery made by the genius of Finlay, and they discover, what? The germ of the yellow fever? No. Well, what do they discover? They discover the way that the sickness transmits itself.

There was a scientific curiosity only known of the naturalists, and it was this, that there are live beings, that there are organisms, that to complete their evolutions, to reach the objects of their life, need to pass through two organisms, and here come the Italian and English doctors to demonstrate that the plasmodia discovered by Laveran in the blood of the paludals is one of those organisms that need to pass through two other live beings, one the man and the other the body of a mosquito Anopheles; and for once is confirmed the admirable discovery of Laveran, the etiology of the malaria is completed and its way of transmission is known.

Here are, gentlemen, the data that the science has put to our disposal to transform in scientific, the measures, up to now empirical, employed to defend us from the sicknesses which are transmissible.

After knowing that each of the sickness of those which the man can take with him from a port to another is originated by a different germ and that this germ has diverse conditions of existence, and when we know the transmissive agent of the plague, that of the malaria, that of the yellow fever, can we detain in front of a port the vessel with the man which he brings on board and the animals which perhaps continue to produce the sickness in the very vessel?

But let us analyze the fact after the light of the actual knowledge. Is the vessel all a danger? Are all the men that are on the vessel dangerous? Are all the animals which accidentally are in the same offensive, from the point of view of the transmission of the sicknesses?

Of the vessel there is only dangerous the part which has been soiled by the dejections of a choleric, by the sputum of a tuberculous and those of a pestered. There is not a more dangerous place than the one where there are rats infected of plague, or mosquitoes anapheles which carry the germ of the malaria, or *Stegomyias*, infected of the yellow fever. Therefore if it is in our power to disinfect the place of the vessel which has been soiled with the dejections of the choleric, with the sputum of the tuberculous or of the pestered; if it is possible for us to destroy the rats and mice sick with plague and the mosquitoes infected with the yellow fever or which carry the germ of the malaria, let us direct our doings upon those places or against those animals; let us change the water from the bilge which might contain larvæ of the insects; let us cover the drinking-water tanks so that the mosquitoes may not lay their eggs in the same; and as soon as these operations are done, let us free the vessel. It is not dangerous any more; let us free it, and not impose on same a quarantine of detention, for it is useless; and if it is useless for our defense it is prejudicial to the interests of the commerce.

Let us study the question of the man, the awe-inspiring man, to whom quarantine was imposed.

Thereupon not all the men that come in a vessel are sick. Let us inspect them, to discover those which are so. There are sick ones; let us separate them from the others, because they are dangerous for their innocent companions on board; but there are others which, without being surely attacked of such sickness, are suspected of having same. Let us separate them likewise and let us have them in observation, but out of the vessel. There they would be dangerous if they have already the sickness, and they would be victims if they did not have it. Let us separate them, then. The inspection has allowed us to discover that the other passengers are healthy. Then let us free them; but we might be told some of these passengers who seem to be healthy may take with them or have incubated the sickness. Yes; it is true. But would it be convenient to leave them in a narrow place, little ventilated, in the staterooms, and where there is accumulation? Would it not be better to take them away and watch them outside of the vessel, and only for the number of days that the incubation lasts, and in a special place and spacious, where there is a personnel intelligent who watches them? Well, let us do it so; but by all means let us empty the vessel, so as to disinfect the same of the germs which may be on its floor and of the infected mosquitoes which may be on its ceilings.

Therefore it is in our possibility to separate and isolate separately the sick and suspected ones and watch those which might take in germ the sickness; let us free all the others who will not fear the rigor of the quarantine, and will not deceive us upon the state of their health, because it is of no utility to them to deceive us. The vessel empty, then we can disinfect the same and in turn let him free.

How are the inspections to be made for the crew and passengers; how is the disinfection of the vessels to be made as to each one of the sicknesses which germ is different and which means of transmission is also different? This I explained carefully in the discourse which I made in the previous convention, and I proposed a series of resolutions on the subject of yellow fever, the cholera, and the plague, and another general resolution which contained all of them—resolutions which, in my opinion, can serve as a base for discussion.

If the gentlemen delegates wish it so, the secretary of the convention can read the resolutions and the considerations which caused the same.

Gentlemen, after the exposition which I have just made, can there be any doubt of the convenience and of the utility to suppress the quarantines as they were made a century ago, and to make them as it is claimed by our state of civilization, as it is exacted by the precise knowledge upon each sickness, as we are obliged to do it by jointly the interests of the commerce and the free communication of men?

But there are ideas, gentlemen, which, united to an expression, to a word, is so identified with it, that as long as that expression exists, also that word, there is no way to separate them from the idea to which it was associated centuries ago. Gentlemen, let us make the sacrifice of the word quarantine, let us strike it out of our actual vocabulary, and then it will not be hard work for us to accept the measures which I am proposing; but, what will be more, we shall not fear then to accept, in the name of our governments, the resolutions adopted in the previous convention, which was only the scientific preamble of the one which has made us meet in this hospitable country, the cradle of so many innovations; in the midst of this nation which has broken all the conventional ties which still binds many nations with the preoccupations of the past, with the traditions of such a thing which is not useful nor practical; a nation which has declared the same its political independence as its industrial; the same the scientific as the artistic; that has separated itself from the trivial paths in war and in the diplomacy.

To you, gentlemen delegates, who represent here in your respective nations the future of the Latin race in the world of Colon; to you who are the banner bearers of the advanced ideas of the Republics who have sent you, I address myself, asking that these young nations, full of life and of noble aspirations, go into the new ways with frank and resolved steps.

Let us leave, gentlemen, the ancient preoccupations; let us forget what the word quarantine signified; let us substitute that antiquated phrase by another which represents the actual aspirations about public hygiene. Let us adopt a new flag for the battle against the transmissible sicknesses; let us inscribe on same the motto, "To safeguard the interests of the public health without impairing, or impairing the least possible, the interests of the commerce and of the free communication of men," and, affiliated to the scientific doctrine and basing our sanitary laws upon that sublime maxim, "Do not do to others what you do not like to have done to yourself," let us reduce the exigency against our neighbors to those which we would wish them to impose on us. If we sign a convention which on one side is founded on science and on another on justice, we will have celebrated a compact which will prove that the nations of the Latin America are meritorious to inherit the civilization of those who in the Old World gave them life, and that the tree which was rooted two thousand years ago in the place of birth of Lacio comes now to deposit its products, but already ripe, on the other side of the Atlantic, effacing the inscription which was engraved at the outlet of the Mediterranean, "Non plus ultra." Let us prove, gentlemen, that we have science and justice on our side to wrest from its place that old inscription, remembering that actually the science and justice ignore the frontier of the nations, the nationality of the different languages, and that if we have to invoke the past it will be only to bring to your memory its glory to which we should aspire.

When the North American nation calls us unto its own house, places at our disposition the conquests of its sons made by them in the sanitary sciences; when it has assembled us here, with sufficient authorization from our respective governments to make and sign agreements and regulations, to give unity to the measures which may secure at the same time the interests of the public health, without impairing, or impairing the least possible, the interests of the commerce, can we be satisfied, as the past time, with making studies of scientific character, as if we assisted to an academy, without fulfilling the obligations which are imposed on us by the fifth clause of the international Pan-American conference, this is to say, without applying to the practice what science has taught us? No; it is not possible. This is not in accord with the legitimate aspirations of the governments who have sent us here to give a solution, the best solution, to a problem which, if we do not resolve at once, will defer the urgent realization of a great progress in benefit of the hygiene and of the commerce, and the occasion to bind with a new tie of reciprocal interests the friendship of the nations of the occidental hemisphere.

Gentlemen delegates, in the name of the progresses of the sanitary science, in name of the civilization, in name of the interests well understood of humanity, I pray you to adjust an International Sanitary Convention of the Republics represented here, and that you obtain from your respective governments the legal ratification of this convention, so that this congress may reach the object for which it was summoned.

WASHINGTON, D. C., *October 9, 1905.*

REPORT FROM THE DELEGATE FROM CHILE, DR. EDUARDO MOORE.

During the last two years the territory of the Chilean Republic has been invaded by two diseases which were imported from abroad, namely, bubonic plague and smallpox.

The bubonic plague prevailed for a considerable period along the Pacific coast of North America, invaded the littoral regions of some departments in Peru and, a short while after, the Chilean territory (Iquique, Piagua, Antofogasta, and other places of minor importance in the Atacama Desert). This epidemic was strongly fought, and at present only one or two cases occur once in a while; the disease is dying out very rapidly.

Smallpox existed in Chile in a sporadic form, but one and a half years ago it was imported from Bolivia by means of the Antofogasta Railroad. This epidemic has shown the fact that the exotic virus has considerable strength, because in spite of the great number of people that had been vaccinated it broke out among them without distinction of ages and sexes. The work of revaccination is being carried out to such an extent that the domestic production of vaccine is not sufficient, and therefore it is necessary to import it from the neighboring Republics.

Up to the present time we have not as yet any law in the country making vaccination compulsory.

The work of vaccination and revaccination has almost destroyed the epidemic.

The invasion of smallpox in Chile has established two points, viz: First, that the variolous virus that existed in the country was very mild, because the few cases that occurred before the introduction of the exotic virus were of a mild nature, affecting in very rare instances people that had been vaccinated, people who were immune with the old human vaccine, which was the only one in existence twenty years ago; second, that every severe and death-dealing epidemic comes from abroad, because the present virus is from Bolivia, and a large epidemic that prevailed before in the austral provinces was introduced from the Atlantic coast.

It may be added that some scientists claim that the vaccination in both arms makes a person immune for his lifetime; however, the epidemics of an exotic origin which were introduced in Chile, broke out without distinctions, affecting a large number of persons vaccinated previously and in both arms, which was the only system known then.

These epidemics have also demonstrated that the immunity which the animal vaccine furnishes lasts from six to seven years.

SANITARY MEASURES.

Since the First International Sanitary Convention of the American Republics Chile has improved its public health service.

First. The paving of the whole city of Santiago has been approved and the works therefor have already been provided for in contracts.

Second. The construction of the sewer system of the city of Santiago was commenced in the beginning of this year.

Third. The surveys for the improvement of the sanitary works in Valparaiso, the sewer system specially, are about to be completed, as well as the works for the completion of the water and sewer system in the cities of Talca and Concepcion.

Fourth. Nearly all the towns that have no water system are furnished with drinkable water, and in others the service is being improved.

OTHER WORKS.

A contract has been made for the great work of the construction of the Valparaiso port, which contract has been approved by the Government. This important work will cost the national treasury over 50,000,000 pesos.

The survey of the improvement of the port of Constitucion, on the Maule River, has been completed.

SANITARY LAWS.

The sanitary laws of the Republic were fully described in the report which I submitted to the last convention, in 1902.

REPORT FROM THE DELEGATE FROM COSTA RICA, DR. JUAN J. ULLOA.

Since the last meeting held by this convention at this same city of Washington in 1902, some new work has been carried through in Costa Rica in the sanitary line, and its Government has continued paying to all matters dealing with public hygiene a good deal of attention.

As I had the pleasure to inform you at the last convention, the National Government exerts full power on all dispositions of a legal nature tending to the enforcement of all the sanitary measures that the proper authorities consider of importance to recommend, and which are made obligatory, after having been consulted with the medical faculty of Costa Rica, which is the highest consulting board on sanitation.

There are proper sanitary police authorities in the different sections of the country, and more especially at the seaports, where a regular physician is the head of the department and who is invested with full executive powers to carry through all sanitary dispositions and regulations.

Since the theory of the modest Cuban sage, Dr. Carlos Finlay, became a doctrine, principally after the full demonstration of its merits through the very able work done by the United States army board, it has been adopted by the great majority of the leaders in sanitary science of the world, obliging all the governments, as the public guardians of the welfare of their subjects, to base their protective measures against yellow fever on the established fact of the propagation of this disease through the bite of the infected mosquito of the *Stegomya fasciata* species.

Costa Rica has based all its prophylactic measures against so justly dreaded an enemy as yellow fever, on the doctrine of Finlay, copying on a small scale the very efficient installment of the city of Habana which I had the pleasure to inspect personally. We have not had any cases of yellow fever in Port Limon for more than eighteen months, and I feel confident that by continuing with the policy in force to-day we shall in the future be free from an epidemic of this disease. No cases of yellow fever have been reported from Puntarenas, our port on the Pacific, where similar measures are adopted to those in Port Limon.

I am very happy to be able to add our experience in Costa Rica, as strengthening evidence to the demonstrations given in Habana, and corroborated lately by the efficient work carried through in the Republic of Mexico under the direction of Doctor Licéaga, proving without reasonable doubt the sole transmission of yellow fever through the intermediary *Stegomya fasciata*.

It gives me great pleasure to state that the measures adopted in Costa Rica against yellow fever are based on the teachings of Finlay, Guiteras, Carroll, Read, Agramonte, and part of whose writings were translated by Mr. Cleto Gonzales Viquez, and which were also the fountains which instructed me to be able to prepare my reports to my Government on this very important matter after the interesting meeting of the Pan-American Sanitary Congress which held its sessions in Habana in February of 1901.

The adoption of the sanitary measures based on the teachings of the above-named able men, fully and efficiently demonstrated, have placed our ports in a very good sanitary standing and have enabled us to give ample guarantees to all the countries we have commercial relations with, and to authorize us to protest against undue restrictive quarantine regulations.

Quarantine laws are at present in force in Costa Rica against the ports of Colon, Panama, and New Orleans on account of the prevalence there of yellow fever.

Very strict quarantine measures were decreed against the ports of Colon and Panama, on account of the two cases of bubonic plague which were reported from Ancon.

There is no epidemic of any kind, at present, in any part of Costa Rica; as in the majority of the cities of the world, we have cases of typhoid fever and of tuberculosis, but the action of the health authorities is directed against them, and we hope to decrease their number soon, thanks to the diffusion of knowledge to the people, and to the betterment of our defective sewers and waterworks, which are under consideration at the present time and which will be carried through before long.

In a very short time work will be started toward the completion of the contracts for the system of sewerage, and for the extension and reform of the waterworks of San José, the capital of the Republic.

The Government has paid considerable attention to the city of Limon, our port on the Atlantic, which is the principal avenue of our communications with the external world, and which is our principal entrance to commerce. There is a well-constructed sea wall around the port which has enabled the city to fill and cover a great extension of the low coral formation, which was before a source of infection due to the death and decomposition of large amounts of all kinds of shellfish principally. The streets of the city are macadamized. There is a good waterworks system and a pretty good sewerage, which is being reformed at present. I fully believe that Port Limon is the most hygienic port to the south of the

United States on the Atlantic, and its conditions are continually being improved by our Government, which realizes the importance of its betterment.

Not wishing to occupy your attention with other matters that are really foreign to the object of this convention I end my report here.

REPORT FROM THE DELEGATE FROM CUBA, DR. E. B. BARNET.

Mr. President and gentlemen of the convention: As the delegate from the Republic of Cuba I have the honor to submit before this convention the sanitary ordinances agreed upon by the superior board of health of the island of Cuba for the sanitary management of the municipalities of the Republic, in accordance with the provisions of military order No. 159, series of 1902, of the former government of intervention of the United States.

The organic sanitary law which is in force at present is said order No. 159, which prescribes that there shall be enacted by the superior board of health general rules for the sanitary service of all towns of the Republic, and said rules are the ordinances which I now deliver, and which as soon as they are enacted by the Cuban Government will immediately be put in force for the purposes to which they are designated.

As prescribed by order No. 159 these ordinances will only be of a general character. After their enactment each municipality, within the period to be designated by the Executive, shall modify them to adapt the local conditions, subject to the approval of the superior board of health. There are at present in the Republic of Cuba 82 municipalities; but when these ordinances were drafted the importance of a city such as Havana was taken into consideration, leaving to the discretion of each municipality the power to propose the amendments which I have mentioned.

These ordinances are a work of selection and adaptation. Sanitary regulations, ordinances, provisions, codes, etc., of other countries were had in view when it was being carried out, because in sanitary matters, particularly in sanitary legislation, it is impossible to try to make original or new provisions, but one must be guided by what practice and experience have demonstrated in other countries.

These ordinances are divided into three parts. The first part consists of four chapters, and is a sort of a regulation derived from order No. 159, above mentioned. This part contains general provisions and refers to local sanitary boards, local sanitary chiefs, and inspectors. It contains instructions rather than provisions.

The second part is the one which really contains provisions, and has 27 chapters, all of them regarding the sanitary matters of a community.

The third part concerns violations and penalities. The former are classified in minor and grave offenses according to the sanitary importance, and gives the correctional court jurisdiction over them for the imposition of the proper penalty. Courts of justice are given jurisdiction over violations which constitute crimes against public health.

As a whole these ordinances have 635 sections.

As every human work, and having been carried out in a new country, which has just been born to the life of freedom, and where matters of public health were formerly unknown in practice, perhaps these ordinances contain many errors and deficiencies. Time and experience will amend and improve them. And, undoubtedly, these ordinances will help Cuba in maintaining the high sanitary reputation which she has among her sister Republics of America.

Ordinances of the Superior Board of Health of the Island of Cuba, for the Sanitary Administration of the Ayuntamientos of the Republic.

Chapter I.

In accordance with the provisions of paragraphs 7 (k) and (b) of sections 1, 2, and 4, respectively, of order No. 159, series of 1902, the Superior Sanitary Board has passed the following ordinances, which, upon approval by the Executive, shall regulate the sanitary service of the ayuntamientos of the Republic.

In compliance with paragraph (b), section 4, of said order, these regulations may be modified to conform to the local conditions of each ayuntamiento upon a request from the local sanitary board, approved by the alcalde and forwarded to the Superior Sanitary Board, whose action thereon shall be final.

In accordance with the provisions of the Presidential decree No. 11, of May 20, 1902, the chief sanitary officer shall himself or through the secretary of the board dispose of the business of the board together with the secretary of the interior or the Department of Havana, when it is so required by reason of the importance of a particular case.

SANITARY ADMINISTRATION.

Chapter II.

LOCAL SANITARY BOARDS.

Section 1. The sanitary administration in each ayuntamiento shall be controlled by a local sanitary board, which shall be constituted and empowered in accordance with paragraphs (a) and (c) of section 4 of order No. 159. In municipalities where there is no quarantine officer of the port or chief of the section of special hygiene one of the members shall be a pharmacist, a veterinarian, an engineer, an architect, or some other professional man, if practicable. The members shall qualify as soon as their appointment has been approved by the Superior Board.

Sec. 2. The local sanitary board shall prepare the rules and regulations for its interior management, to be submitted to the approval of the Superior Board.

Sec. 3. The local sanitary board, by virtue of the powers with which it is vested, shall take special care of all matters relating to the sanitation of its respective municipal district and shall see that all sanitary laws and regulations in force and the orders or instructions of the Superior Sanitary Board in each special case are strictly complied with, subject to the provisions of these ordinances.

Sec. 4. The local sanitary boards shall be considered as deputies of the Superior Sanitary Board for the faithful execution, under a uniform system, of the functions with which they are intrusted in regard to the maintenance of public health.

Sec. 5. The local sanitary board shall have charge, under the supervision of the Superior Board, notwithstanding the provisions of paragraph (e) of section 2 of order No. 159, of the services of sanitation and hygiene within its municipal district; of the prophylactic vaccination and inoculation; of cemeteries, interments, disinterments, embalming, and of the removal of cadavers; of the inspection of the medical attendance in private houses, sanitariums, asylums, barracks, fortresses, etc., and of the sanitation of all such institutions.

Sec. 6. The local sanitary board shall publish such instructions as it may deem proper to prevent the spread of diseases, submitting said instructions previously to the approval of the Superior Board.

Sec. 7. The local sanitary board shall make frequent inspection of the schools and shall order the removal of teachers and pupils which it may find suffering from any infectious disease, prohibiting their return to the school until all danger of infection shall have disappeared.

Sec. 8. It shall see that proper hygienic methods are followed in hospitals, particularly in all that concerns the isolation of persons having contagious diseases.

Sec. 9. It shall see that all tenement houses, hotels, boarding houses, cafés, etc., comply with the sanitary provisions in force, holding the manager, owner, or tenant, as the case may be, responsible for the violation.

Sec. 10. It shall instruct the head of the family in which there is a case of infectious disease concerning the precautions which he must take, and shall notify the principal of the school who are the pupils living in the infected house and who must not be admitted to the school until said house be disinfected after the termination of the case or any other which might follow it.

Sec. 11. If the local sanitary board should not have the proper means with which to perform a bacteriological analysis, it shall send to the Superior Sanitary Board samples of the sputum, blood, defecation, or other pathological matter which the physicians may furnish for the purpose of diagnosis. As soon as the board shall receive the result of the analysis it shall notify the interested parties thereof.

Sec. 12. The local sanitary board shall send three samples of each beverage or food product suspected of falsification or adulteration, the receptacles of which shall be strapped, sealed, and signed in the presence of the interested party, in order that it shall not be possible to substitute the contents thereof without leaving traces of such substitution, and it shall deliver to the seller a sample similarly strapped, sealed, and signed, retaining one and sending the remaining sample to the Superior Board, with the minutes and the respective report, for the necessary analysis.

Sec. 13. Whenever necessary it shall make domiciliary inspections, house by house, making report upon each one of them in the form prescribed for the purpose, which report shall state chiefly: The number of persons living in the house; whether there is in it a case of a contagious disease or if any has occurred therein within a year prior to the date of the report; sanitary conditions of the house, water-closets, drains, etc.

Sec. 14. It shall order owners of houses, in writing, what alterations they must carry out in their respective houses within a definite period, which may be extended for justifiable reasons, provided that it shall not unreasonably delay the execution of the work.

SEC. 15. It shall give the respective court information of all violations which should be punished, sending in the record of each case and authorizing one of its members or employees to prosecute the offender.

SEC. 16. It shall serve notice to all those who refuse to obey the order or who delay the execution of the work that they shall be brought before the court if they do not comply therewith within the designated period.

SEC. 17. Houses, buildings, etc., which constitute a menace to public health or safety shall be declared uninhabitable and ordered closed by the local sanitary board, and if necessary it shall request the ayuntamiento to have the same demolished. The inspection of the municipal architect shall be necessary previous to the demolition.

SEC. 18. It shall recommend to the ayuntamiento the works which it deems necessary for the sanitation of its municipal district and which the residents are not compelled by law to carry out, such as the sanitation of swamps in public lands, drainage of pools, cleaning of streets, etc., sanitation of slaughterhouses and cemeteries, and all other necessary works in public places.

SEC. 19. When the sanitation recommended constitutes an urgent necessity and the ayuntamiento refuses to perform the work in due time, the local sanitary board shall notify the fact to the Superior Board of Health for the purposes stated in paragraph (c) of section 3 of order No. 159.

SEC. 20. It shall inform the Superior Board what works of sanitation must be carried out by the province or the government within its respective municipality.

SEC. 21. The local sanitary board shall submit to the Superior Board of Health an annual estimate of the expenses required for the maintenance of the sanitation of the ayuntamiento, and which must be stated in the municipal appropriations.

SEC. 22. It shall keep, besides the minutes of proceedings, a record of all its transactions, as well as a register of the physicians, pharmacists, dentists, midwives, and veterinarians within its municipal jurisdiction, in the form prescribed and furnished by the Superior Board.

SEC. 23. It shall make an annual report to the Superior Board of Health, within the month of January, on forms furnished by said Superior Board, upon the sanitary conditions and necessities of the municipality; the method of transacting its business; infectious diseases and epidemics and their interesting characteristics; other events, and all data which the Superior Board may require.

SEC. 24. When requested by the Superior Board, it shall furnish the same with sanitary and demographic statistics made on forms prescribed for the purpose.

SEC. 25. It shall report to the Superior Board the permanent causes of the diseases which may prevail in its jurisdiction, stating what measures it deems advisable for the suppression thereof.

SEC. 26. It shall see that no disinfecting materials are lacking in its district, and that drug stores are always provided with antiseptic substances and have the same for sale at reasonable prices; anything to the contrary shall be notified to the Superior Board.

SEC. 27. It shall prepare or be provided with exact and detailed maps of its municipality in order to make upon them graphic representation of the diseases and other subjects worthy of note.

SEC. 28. It shall send to the Superior Sanitary Board a monthly extract of all resolutions passed during the previous month.

SEC. 29. It shall furnish the inspectors of the Superior Board of Health with all information and data which they may require for the accurate performance of their duties.

SEC. 30. The office of member of the local sanitary board is incompatible with that of councilor or employee of the ayuntamiento.

SEC. 31. The secretary shall be selected by the board from among its members; he may employ a clerk under his supervision for the dispatch of business.

CHAPTER III.

THE LOCAL SANITARY CHIEF.

SEC. 32. The local sanitary chief shall be an experienced and competent physician, appointed and paid by the ayuntamiento, subject to the approval of the Superior Sanitary Board. In case the first and second nominations of the ayuntamiento be rejected by the Superior Sanitary Board, the latter shall appoint the person which it deems capable for the position.

SEC. 33. The local sanitary chief shall be the president of the board and its executive officer.

SEC. 34. He shall submit to the approval of the Superior Board the appointment and removal of the employees of the local board.

SEC. 35. He shall make the reports, statistical data, documents, etc., that the superior sanitary chief may require in regard to the sanitation of his respective municipal district.

SEC. 36. In the performance of his duties as local sanitary chief, he shall comply with the instructions which the superior sanitary chief may give him.

SEC. 37. He shall issue orders for the detention and isolation of any person suffering from an infectious disease until the period of his liability to spread the disease is passed, in accordance with the provisions of paragraph (f) of section 3 of order No. 159.

SEC. 38. He shall make monthly and annual reports of his transactions to the local sanitary board.

CHAPTER IV.

INSPECTORS.

SEC. 39. Sanitary inspectors shall be considered as the deputies of the chief sanitary officer; they shall devote the service hours exclusively to the performance of their duties, and shall always be ready to execute the orders which are given them.

SEC. 40. The inspector shall be provided with credentials and a badge of office, and shall wear a uniform if the Superior Sanitary Board so orders it. By virtue of his office, he shall be respectful and polite to all persons with whom he may come in contact in the performance of his duties; he must always avoid discussion, and shall submit his reports in writing.

SEC. 41. He shall make in his reports, which must be specific, accurate and reliable, the recommendations which he may deem necessary to prevent the violations which may come under his observation; he shall not give any direct information or order, verbally, or in writing, to the interested parties.

SEC. 42. He shall endeavor to be well informed in all that concerns the sanitary conditions of his district, so that he may at any time furnish any information which the board or the local sanitary chief may request of him.

SEC. 43. He shall be correctly dressed, and avoid all places of disrepute during the service hours.

SEC. 44. He shall remain in his district during the service hours, unless he receives express orders to the contrary, and he shall not engage in any private business during said hours.

SEC. 45. Before entering a house he shall announce his office and the object of his visit, and he shall make the inspection with careful attention and minuteness of detail, so that the orders which may result therefrom shall not have to be modified because of deficiencies, errors, or inaccuracies therein.

SEC. 46. If he should meet with unreasonable resistance on the part of the owner or tenant of a house to allow him to make the inspection, he shall notify the fact to the sanitary chief, in order that through him the aid of the police it may be secured, after all persuasive means have been exhausted.

SEC. 47. He shall exercise the greatest prudence and reserve in regard to anything that he may observe in the houses by him inspected; he shall not exercise the powers of his office with malicious intention to injure or benefit a third person, or on behalf of his own private interests or his relatives.

SEC. 48. He shall request the leave of the local sanitary board when it be necessary for him to absent himself temporarily on account of illness or other private cause.

SANITARY ORDINANCES.

CHAPTER I.

WATER SUPPLY.

SEC. 49. The local sanitary board shall take particular care of the supply of water in its locality, respecting the quantity and the biochemical qualities as well, obtained either from aqueducts, springs, streams, wells, cisterns, or any other natural or artificial source; and it shall prescribe the measures necessary for the preservation of the purity and salubrity of the water intended for drinking and other domestic purposes.

SEC. 50. In towns where there are acqueducts that furnish drinkable water in sufficient quantities, and where the service is well regulated and reasonable in price, the installation of independent pipes in all houses, buildings, and upon all floors in the same that are to be rented separately, and the suppression of all wells, cisterns, and other receptacles shall be ordered unless they are used for industrial purposes, in which case the interested party shall be required to apply for the written consent of the board, which may grant the request or not, in its discretion.

SEC. 51. It shall be compulsory for the managers of aqueducts to make the water reach the highest places of the town during the daytime.

SEC. 52. When the requirements of the case shall demand it, the use of filters or other means of purification shall be ordered for the amelioration of water used in schools, asylums, cafés, and other public places.

SEC. 53. In towns where, on account of the lack of aqueducts, the use of wells and cisterns is permitted, said wells and cisterns must be provided with lids and impermeable walls, and their openings must be protected by wire gauze against the access of mosquitoes; the water conduits must also be impermeable and the entrance of the first rain water must be prevented. The well and cistern walls must be at a distance of at least 10 meters from any cesspool, sewer, etc. No cultivation of any sort shall be permitted upon cisterns and wells.

SEC. 54. The extraction of water from wells and cisterns, although they be covered, shall be made only by means of pumps, in order to prevent effectively the access of mosquitoes.

SEC. 55. In towns where it is absolutely necessary, to avail of river water for domestic consumption, a place in the river where the water can not be easily infected, shall be selected, and bathing, washing, and the drainage of latrines, sewers, distilleries, sugar mills, slaughterhouses, cemeteries, etc., shall be prohibited in any part from the head of the river to the place selected for the extraction of water.

SEC. 56. Any public sale of water for domestic consumption must be authorized by the local sanitary board, which shall regulate and inspect the service assiduously, and shall require that the receptacles be well covered and composed of materials proper for the cleaning, such as glass, iron, or clay coated with porcelain or glass.

SEC. 57. Only drinkable water shall be permitted for public consumption for drinking purposes.

SEC. 58. Only water perfectly purified shall be used in the manufacture of ice and aerated waters, and all operations of the factory shall be performed with strict cleanliness.

Ice intended for domestic consumption must be pure, without any taste, and free from all danger of transmitting infection.

SEC. 59. Soiling or in any way injuring a river or stream, thus making its water unhealthful or improper for consumption, is prohibited.

SEC. 60. He who, directly or indirectly, makes water intended for consumption dangerous to health, shall be held criminally responsible.

SEC. 61. When, on account of the appearance of a disease, the local sanitary board, suspects that an aqueduct, or a well, cistern, stream, etc., is infected, it shall cause an analysis of the water to be made immediately, and prescribe the measures showing the manner in which to continue its use without danger, or prohibit the use of such water, as the case may be.

CHAPTER II.

FOOD PRODUCTS AND BEVERAGES.

SEC. 62. Food products or beverages imported or intended for sale in a town must be pure or fresh, ripe or preserved, and their component materials and character must always correspond with the name under which they are sold, clearly stated on the labels of their receptacles or packages.

SEC. 63. When a food substance, or a beverage, contains one or more materials foreign to its known and accepted natural composition, it shall be considered as adulterated; it shall also be so considered when any or several of its component materials have been extracted from it, or do not correspond in nature, quality, or composition to the name under which the product or beverage is sold.

SEC. 64. Any substance shall be considered as noxious or detrimental to health, and its mixture with any food or beverage being therefore illegal, when it has been shown that it is hurtful to the human body, and when there is any doubt as to its innocuousness, either in its immediate or subsequent effects.

SEC. 65. Any food or beverage shall be considered adulterated when—

(1) It is in a state of decomposition.

(2) It has become acid, decayed, or rancid, or has undergone any alteration which might change its taste or its nutritive qualities, or which would render it detrimental to health.

SEC. 66. Adulterated or falsified food products or beverages, as well as those that have substituted for others, or may prove to be different from what is stated on the label, must be seized and deposited, or disposed of in such a manner as the nature of the ordinance requires it; the manufacturer or seller shall be held personally responsible.

SEC. 67. The sale of any food product or beverage, from which the constituent of nutritive value shall have been extracted in part or in whole, or that shall have been mixed with other substances, if its composition be not stated on the label and be made known to the purchaser, is prohibited.

SEC. 68. The sale, importation, or storage of meat, fish, poultry, game, fruits, vegetables, milk, beverages, wines, liquors, etc., which are not found in perfect condition for consumption, and also of canned goods the receptacles of which are damaged or opened, is prohibited.

SEC. 69. The sale in public streets of meat, fish, pies, candies, etc., unless they be properly covered and protected against dust, insects, and hands, is prohibited; and likewise the sale of pies, candies, viands, etc., in establishments, unless they be kept in closed show cases; the use of proper instruments for handling said articles is recommended instead of the use of hands.

SEC. 70. The use of mineral colors in which composition lead, antimony, copper, chromium, arsenic, or mercury, form a part; of organic colors, such as gum gutta and aconite; of coloring materials derived from bitumen, and, in general, of all materials which might be injurious to health, is prohibited in the coloration of any food product.

As an exception, the use of colors derived from bitumen for the coloration of food products is permitted, provided said colors do not contain antimony, arsenic, barium, lead, cadmium, chromium, copper, mercury, uranium, zinc, tin, gum gutta, coralline, or picric acid.

SEC. 71. The use of leaden tin foil for wrapping fruits, candies, chocolate, cheese, and any other food products, is prohibited.

Tin foil intended for such purpose must be composed of an alloy containing at least 97 per cent of tin immersed in metastannic acid.

This alloy must not contain more than a half of 1 per cent of lead and $\frac{1}{10000}$ of arsenic.

SEC. 72. Likewise, tinning of vases and kitchen utensils is prohibited unless the solution contains a similar alloy to that prescribed in the preceding section.

The use of tin vases and utensils intended for containing or preparing food products is prohibited if said vases and utensils be manufactured with an alloy containing more than 10 per cent of lead or other metals which are ordinarily found alloyed with tin; such alloys should not contain more than $\frac{1}{10000}$ of arsenic.

SEC. 73. Objects of metal or alloys, the nature of which might be injurious to health, must not be mixed with bonbons, candies, and, in general, any food product. Metallic foil used in gilding or silver-plating bonbons and pastilles must be of fine gold or silver.

SEC. 74. It shall be the duty of any person having information of the existence of unwholesome or decayed food products for sale to notify the fact to the local sanitary chief.

SEC. 75. It is prohibited to manufacture, sell, or give away, or to authorize the manufacture, sale, or giving away of food products or beverages injurious to health, whether their toxic or noxious effect be immediate or tardy.

SEC. 76. All establishments engaged in the sale or deposit of food products or beverages must be kept perfectly ventilated and clean—floors, walls, counters, kitchens, water-closets, sewers, etc., particularly.

SEC. 77. The use of poisonous substances, or substances prejudicial to health, for dyeing, painting, or coloring food products or beverages, or paper for wrapping the same, is prohibited; and also the use of said poisonous or noxious substances for painting, varnishing, tinning, or coating receptacles of any kind which might infect the food products or beverages; toys and other articles for children are included in this prohibition.

The use of colors in the composition of which lead, antimony, copper, chromium, arsenic, mercury, gum-gutta, or aconite form part, is prohibited in the preparation of paper, pasteboard, or other materials for packing food products.

SEC. 78. Wine is defined to be the liquid resulting from the fermentation of grape juice, without addition of substances foreign to the composition of said juice.

SEC. 79. Artificial wine is that which is not derived from the fermentation of grape juice.

SEC. 80. The use of the following substances in the manufacture of all kinds of alcoholic liquors, and the addition of the same to wines, is prohibited:

(1) Metallic salts, mineral or organic acids, perfumes, ethers, and essences.

(2) All antiseptic substances.

(3) Any other substances foreign to the natural composition by fermentation of wines and alcoholic liquors.

SEC. 81. Wines and alcoholic liquors containing any of the following substances shall be considered as adulterated, and noxious or not, as the case may be:

(1) More than two grams of sulphate of potash per liter.

(2) More than one gram of sodium chloride per liter.

(3) Excess of water or alcohol.

(4) Coloring substances foreign to the composition, whatever their origin may be.

SEC. 82. Alcoholic liquors obtained by fermentation must not contain foreign coloring matter.

SEC. 83. Persons selling adulterated or artificial wines not detrimental to health shall incur the penalty of seizure and payment of the cost of analysis and the fine. Those selling adulterated or artificial wines detrimental to health shall be brought before the courts of justice.

SEC. 84. The sale of wine vinegars containing less than 5 per cent of acetic acid is prohibited.

SEC. 85. Vinegars derived from alcohol, beer, cider, etc., may be sold, provided the label on their receptacles show the product from which they are derived. None of these vinegars shall contain less than 3 per cent of acetic acid.

SEC. 86. Vinegars containing substances foreign to their natural composition shall be considered as adulterated.

SEC. 87. The addition of any substance to wheat flour for the purpose of increasing its natural weight or volume is prohibited.

SEC. 88. Ordinary bread, intended for sale, must be manufactured with wheat flour without any mixture whatsoever, and well kneaded and baked The use of any substance foreign to the natural and known composition of bread is prohibited.

SEC. 89. Any other kind of bread which is not exclusively made of wheat flour, leaven, salt, and water may be sold provided its composition is made known to the purchaser.

SEC. 90. Bakeries must be established in places with good light and the ventilation necessary for their perfect cleanliness. Floors, walls, kneading troughs, etc., must be kept absolutely clean. No bedrooms, water-closets, stables, animals, etc., shall be permitted in the premises of any bakery or in direct communication with the same.

Persons suffering from cutaneous or infectious diseases are prohibited from intervening personally in the confection, sale, etc., of bread.

The transportation of bread shall be made with absolute cleanliness and protection against dust, insects, and hands.

SEC. 91. The use of wood and other fuel that has been painted, undergone any chemical process or been saturated with substances noxious to health, for the heating of furnaces in bakeries, confectioneries, etc., is prohibited.

SEC. 92. The kind of flour used in the confection of soup pastes shall be stated on the label of the package.

SEC. 93. Only pure saffron and annatto may be used in coloring soup pastes.

SEC. 94. The sale of spices intended for food or condiments, such as cinnamon, saffron, clove, etc., that have been adulterated or the natural weight, volume, or composition of which has been increased, is prohibited, unless it be done in accordance with the provisions of section 67 of these ordinances.

SEC. 95. Products exclusively manufactured with milk, or cream derived from milk, or with both, with or without salt and coloring substances, and in the composition of which there is more than 15 per cent of water, is prohibited from being sold as or termed "butter."

SEC. 96. Any food product which, on account of its appearance or flavor might be taken for butter, or which is prepared for the same use, shall not be sold except under the name of "oleomargarine," if such be the case; in other cases the provisions of section 67 of these ordinances shall be complied with in the sale, under penalty of seizure and fine if the violation does not constitute crime.

SEC. 97. Packages, boxes, cans, paper, and packing of any kind, containing oleomargarine for sale or deposit in large or small quantities, must have printed thereon in Spanish and in conspicuous roman letters, of a half a square inch at least, the word "Oleomargarine."

The sale of such product without the above or other specification shall be understood to be of butter, for the purposes of sanitary inspection.

SEC. 98. Merchants or dealers selling products, which, not being pure pork lard, are similar thereto, or which might be taken for it on account of their flavor or appearance, under the name of "lard" or "compound lard," are hereby compelled to inform the purchaser or consumer, at the time of the sale, that said substances are not "pork lard," and to put on the receptacles thereof labels with the words "Artificial lard" printed in Spanish, with intelligible letters a half a square inch long; these labels shall be placed on the most conspicuous part of the receptacles.

SEC. 99. The only oil that shall be sold under the name of "olive oil" is that extracted from olives, free from any mixture.

Other oils intended for table use and which are not noxious may be sold, provided that the labels on their receptacles state in roman letters, in Spanish, and in an intelligible and durable way, their nature or origin. The sale of adulterated or rancid oils of any kind for table use is prohibited.

SEC. 100. The manufacture of all kinds of beverages must be made with ingredients of good quality, using for the purpose clean vessels which are not made of copper or other material that might make them prejudicial to health.

SEC. 101. The use of saccharine in beverages and food products is prohibited.

SEC. 102. The sale of watered, skimmed, or otherwise adulterated milk, and that derived from sick animals, or animals that have been fed with industrial refuse in fermentation, is prohibited.

SEC. 103. For the purpose of these ordinances, the following shall be considered as adulterated milk:

(1) Milk containing more than 18.5 per cent of water, less than 11.5 per cent of solid materials, and less than 2.7 per cent of grease, or containing any substance foreign to its natural composition.

(2) Milk obtained fifteen days before or eight days after the parturition of the animals.

(3) Milk derived from sick animals, or animals that have been fed with waste materials and products in a state of fermentation.

(4) Milk from which the cream has been totally or partially skimmed.

(5) Milk obtained from animals kept in narrow or unhealthful places.

(6) Milk to which water, other liquid, condensed milk, or any other foreign substance has been added, or curdled or otherwise spoiled milk.

(7) Milk coming from places where scarlet fever, cholera, typhus, typhoid fever, diphtheria, or other contagious diseases prevail.

(8) Milk extracted from animals that have been fed with poisonous plants or that have taken toxic substances.

SEC. 104. For purposes of inspection, milk the density of which is less than 25° (1025), ascertained by the Quevenne lactometer at a temperature of 15° centigrade approximately shall be considered as suspicious.

SEC. 105. Milk intended for sale shall not be kept on places used as bedrooms or for any other purposes.

Milk shall not be drawn off in the public streets, trains, or railway stations except when it is to be delivered to the purchaser.

SEC. 106. The sale of milk intended for public consumption shall be permitted only when the bottles, flasks, or other vessels which contain it have undergone the following treatment:

(1) Bottles, flasks, and vessels, before being filled with milk, shall be washed first with a hot solution of soap, lye, or other alkaline substance, and afterwards with hot water.

(2) Milk must be bottled in places which are not used for habitations, bedrooms, or other domestic purposes, and which are not near any stables.

(3) Vessels containing milk intended for sale must be provided with an adequate cover to protect it against dust and other impurities.

SEC. 107. Vessels used as receptacles for milk must be very clean, and their joints must be smooth and not rusty. Vessels made of untinned copper, brass, lead-coated metal, or unevenly varnished porcelain, are prohibited.

SEC. 108. If it be not desirable to cover the milk while it is in the stable or dairy, a fine cloth shall be placed upon the mouth of the vessel containing it.

Cleaning of vessels shall be done immediately after they shall have been emptied, with boiling water, soap, and brush; they shall be rewashed with boiled water only and put to dry in the sun, mouth downward, but not upon the ground.

SEC. 109. Milk stored for sale must always be deposited in a refrigerator or ice box.

SEC. 110. Ice boxes must be washed twice a week, at least, with hot lye water.

SEC. 111. The drain pipe of an ice box must not be directly connected with sewers or gutters.

SEC. 112. Measures and other utensils used for measuring milk in dairies and other places where milk is sold, must be carefully washed after the sale with boiling water to which lye shall have been added in a proportion of one tablespoonful per liter.

SEC. 113. Milk must be properly stirred in the vessel before sale, in order that the last portions extracted shall contain as much cream as the first.

SEC. 114. Ice must not be put into the milk, as a means of preserving it; milk must be kept in the ice box.

SEC. 115. Wagons assigned to the transportation of milk must be made of waterproof materials or oil-painted wood, and always kept perfectly clean.

The use to which it is assigned shall be stated in the exterior of each wagon in permanent and intelligible letters, as well as its number and the place from which it comes.

Milk dealers on horseback, or availing themselves of other means of transportation, must keep the panniers, saddlebags, etc., perfectly clean.

The transportation in wagons, panniers, saddlebags, etc., assigned to the delivery of milk, of other products or substances except fresh cheese, butter, and similar dairy products, is prohibited.

Milk dealers must carry with them during the sale hours their respective licenses, which they must exhibit to the sanitary inspectors whenever requested to do so.

SEC. 116. Vehicles and horses assigned to the transportation of milk shall be registered in the records kept for this purpose by the local sanitary board.

SEC. 117. Persons engaged in the traffic, transportation, and handling of milk intended for sale shall provide themselves with a certificate from the local sanitary officer guaranteeing the hygienic condition of the milk. These certificates shall be renewed from year to year.

SEC. 118. Milk dealers shall be provided, besides the industrial license that may be required by the municipal laws, with a copy of the regulations of these Ordinances regarding the sale of milk, which copy shall be furnished by the local sanitary board.

SEC. 119. Buildings intended for milch-cow stables must have 30 cubic meters at least of space for each animal; good light and ventilation; properly canalized pavements; and must be well roofed and provided with pure and fresh water and all that is necessary for the maintenance of cows and other milch animals in good condition of health and hygiene, in accordance with the special regulations in regard to dairies. Such stables must be located outside of the city limits, and no other industry or business shall be conducted therein.

SEC. 120. Owners or managers of stables for cows or other milch animals must keep the premises of their establishments perfectly clean, and take the cows to the pasture grounds from 4 p. m. to 8 p. m., and shall not put them in the stables but from 4 to 6 of the next morning.

SEC. 121. Persons suffering from cutaneous or contagious diseases, or those that have come in contact with them, are prohibited from milking cows or other animals, selling milk, handling vessels, measures, and other milk receptacles, or helping in any such operations, until their liability to spread the disease has disappeared. Persons engaged in dairy operations must be clean and free from filth of any kind.

SEC. 122. Milk derived from sick cows must not be sold, used in the confection of food products, or mixed with other milk. Likewise, its use for any other purpose, even if it were for feeding other animals, is prohibited.

SEC. 123. The importation, sale, or storage of adulterated condensed milk is prohibited. For the purposes of these ordinances "condensed milk" is understood to be pure milk from which a part of its water has been extracted, or from which a part of water has been extracted and sugar added. The term "adulterated," in the last case cited, refers to condensed milk in which the quantity of grease is less than 25 per cent of the solid substances contained in it, and to which any foreign substance, except sugar, has been added as a means of preserving it.

SEC. 124. Milk intended for sale shall be subject, at any time and place, and under all circumstances, to the vigilance of sanitary inspectors, who are hereby authorized to take samples in quantities not exceeding a half a liter per vessel, in order to submit them to analysis. Before taking samples the milk must be sufficiently shaken, in order that the small particles of grease be equally distributed in the liquid.

SEC. 125. Inspectors shall use the Quevenne lactometer in order to ascertain the specific weight of milk, and shall keep a record of all samples tested.

SEC. 126. As soon as there are suspicions that a certain milk is adulterated, an inspection of the dairy, stable, or place from whence it came, shall be ordered, and it is left to the discretion of the inspector to require or not the exhibition of the cows from which the milk in question was extracted.

SEC. 127. Milk dealers who do not comply strictly with the regulations prescribed for the sale of this article shall be subject to fine and subsequent seizure; if the violation constitute a crime the inspector shall notify the fact to the local sanitary chief for proper action.

SEC. 128. Dairies and cow stables must be well ventilated and kept in perfect cleanliness, and their pavements shall be scrubbed daily.

In the stable each animal shall have a manger and a trough, general mangers and troughs being prohibited.

SEC. 129. No sick cows shall be allowed in the stables, and the sound ones should be separated from each other, well fed, given fresh and pure water, and bathed daily.

SEC. 130. The premises of stables should be well ventilated and the pavement sprinkled before milking the cows in order to avoid the falling of dust into the milk.

SEC. 131. Milking must be done with perfect cleanliness; before the operation the milker should wash his hands and also the udder of the animal that is to be milked, drying them with a clean piece of cloth; he shall avoid the falling into the milk of hair or any other substance that might soil it.

SEC. 132. It is prohibited to milk cows or other animals the udders of which have any eruption, inflammation, or other disease.

SEC. 133. If, during the operation of milking, the milk turns out to be bloody, yellowish, or, in general, of a color and a flavor different from the natural ones, it shall be thrown away, carefully cleaning the vessel that contained it, suspending the operation of milking, and placing the cow under observation until the condition of its health has been ascertained and the sanitary inspector authorized the milking anew.

SEC. 134. If, for any cause, should the milk be soiled, it shall not be collated, but thrown away, washing the vessel that contained it immediately after.

SEC. 135. Farm dairies engaged in the extraction of milk for sale, manufacture of cheese, etc., must comply with the preceding provisions as much as possible, and shall be subject to frequent inspection by the local sanitary board.

SEC. 136. Owners of stables and dairies are compelled to have posted in a conspicuous place thereof a printed copy of the special regulations regarding the trade, to be furnished by the local sanitary board.

SEC. 137. The use of "preserving" substances in milk, as well as in other food products, is prohibited.

SEC. 138. The manufacture of pot cheese should be made with cream or milk of good quality and derived from sound animals, and the manufacturer shall take proper hygienic precautions approved by the local sanitary chief.

The sale of cream or pot cheese by peddlers, or others who do not keep the article in a refrigerator and protected against dust in order to avoid its decomposition and the production of poisonous substances, is prohibited.

SEC. 139. Organic substances susceptible of easy decomposition, intended for food products, shall be preserved in a refrigerator.

SEC. 140. Grains or powders sold under the name of "coffee" must be exclusively composed of this substance. The sale of coffee mixed with foreign substances, as well as the sale of "powder coffee," deprived, by the infusion thereof into water, of the constituents which give it its perfume, flavor, and peculiar qualities, is prohibited.

SEC. 141. Products prepared and sold under the name of "chocolate" shall be obtained only from cacao seeds, pulverized and mixed with sugar, aromatized or not. The maximum proportion of sugar shall be of 60 per cent; proportions exceeding this number shall be expressly and clearly stated on the label of the package containing the article.

SEC. 142. Owners or managers of grocery stores must permit the visits of the sanitary inspector; failure to comply with this provision shall be punished by fine for the first offense, and with the penalties that the court might deem proper in case of a repetition of the offense.

CHAPTER III.

CONSTRUCTION OF BUILDINGS WITHIN CITY LIMITS—VENTILATION—DRAINAGE AND SANITARY PLUMBING.

SEC. 143. Lands on which houses or buildings are to be constructed should be previously drained; if it be necessary to fill the land before the construction, the filling shall be done with materials which are not noxious. Before commencing an excavation or removal of earth or materials, the local sanitary chief shall be notified in order that he may issue the necessary orders for the disinfection of the land.

SEC. 144. The building should be based on a firm ground, upon a bed of cement or other proper material. Ground-floor rooms should be isolated from the earth by a bed of asphalt or cement of a minimum depth of 15 centimeters.

In order to prevent the ascension of humidity through the walls the same should be isolated with coating of cement, asphalt, slate, or other impermeable material. This insulating coat shall be placed at about 15 centimeters under the level of the floor.

SEC. 145. If stables or storerooms for salt or other corrosive substances are to be built against a wall, a distance of 15 centimeters at least should be left between the wall and the intended construction.

SEC. 146. Glass or other material roofs are prohibited upon interior courts or yards above the stanchion of the ground floor, unless said roof be removable or be provided with ventilators of vertical faces, which openings should not be smaller than one-third of the surface of the yard or court, and have a height of 50 centimeters.

SEC. 147. Each house or building in streets where there are no sewers, and while these are being constructed shall have a cesspool for the deposit of fecal matter exclusively; but as soon as the construction of the general sewers in the streets be completed the property owners shall be compelled to construct the outlets to the general sewers and to fill the cesspools. Owners of houses or buildings in streets where there are sewers shall proceed to construct the outlets to the same within the six months following the publication of these rules.

SEC. 148. The construction, reconstruction, or alteration, partially or totally, for any purpose, of a house or building, which construction, reconstruction, or alteration might constitute a danger to public health and safety, on account of lack of substantiability ventilation, light, drainage, sanitary plumbing, or other similar requisites, shall be prohibited.

SEC. 149. The permission from the ayuntamiento must be previously secured for the construction, reconstruction, or alteration, partial or total, of a house or building, and to make or change the sanitary plumbing in the same, and the works shall be carried out subject to the restrictions prescribed by the ordinances regulating constructions and to the specifications of the department of engineering, or of the municipal architect in places where there be no such department of engineering. Before granting the license the ayuntamiento shall submit the application to the local sanitary board for its opinion, which shall be based on these ordinances, and if such opinion be unfavorable it shall point out, within

twenty days, the defects and the proper way to correct them. An appeal against the decision of the local sanitary board may be taken before the Superior Board for final action. If the decision of the local sanitary board be favorable, the license shall be granted at the earliest possible convenience, unless other legal requisites have not been fulfilled.

SEC. 150. Before a new or partially or totally rebuilt or altered house, or building, is occupied, rented, or in any other way availed of, it shall be inspected, a favorable certificate of the inspection from the local sanitary board being necessary. The inspection shall be limited to verifying the fulfillment of the prescriptions required by the approved plan and specifications. An appeal against the decision of the local sanitary board may be taken to the Superior Board, whose action shall be final.

SEC. 151. No house, building, or part thereof, shall be used for living purposes unless it has all proper conditions of capacity, water service, ventilation, light, drainage, and other indispensable requisites of cleanliness and sanitation.

SEC. 152. New houses or buildings shall be constructed leaving 15 per cent at least of the built area for uncovered surface or interior courts or yards, in order that all rooms shall have good light and ventilation.

SEC. 153. Existing houses or buildings used as residences, which have not the conditions prescribed in the preceding section, shall be provided with air shafts, or, if these be impracticable, supplemental ventilation.

SEC. 154. All rooms shall have doors and windows overlooking directly the street, garden, court, or open passage. Doors shall have transoms, protected or not by glass frames.

SEC. 155. All rooms should have a capacity of at least 36 cubic meters, and a surface in doors and windows of not less than 3 square meters, increasing this space in a proportion of 1½ square meters for every 30 meters of cubic contents.

SEC. 156. The pavement of ground-floor rooms shall be higher than that of courts, and the latter higher than the street level. No other exceptions shall be made outside of those expressly authorized in writing by the local sanitary board, when the requisites prescribed by the same shall have been complied with in each case, subject to these ordinances.

SEC. 157. The pavement of ground-floor rooms, as well as that of courts, shall be made of cement, compressed cement tiles, or other impermeable materials.

SEC. 158. Walls of houses or buildings shall be so constructed as to prevent the impregnation of the humidity from the ground, employing for the purpose impermeable materials.

SEC. 159. In houses or buildings, in places where the use of wooden pavements for ground floors is permitted, the space between the ground and the floor shall have ventilation.

SEC. 160. No cesspools shall be constructed under the floor of any room. Such deposits shall be located in the most central part of courts or gardens, ventilated and exposed to the sun.

SEC. 161. Water-closets shall be located in courts, passages, corridors, or other places with good light and ventilation, but never in bedrooms, and should be isolated from living rooms, kitchens, pantries, etc., by solid walls.

SEC. 162. Drainpipes from roofs, water-closets, etc., should be made of cast iron and must not be set into the walls, but placed outside of them.

SEC. 163. Each house or building shall have one water-closet for every twenty persons, with all necessary requisites to prevent emanations and infiltrations.

SEC. 164. The owner, agent, manager, or representative of a house, building, or residence shall always be primarily held responsible for the maintenance in good condition of the sanitary plumbing of the property, irrespective of the action which might be properly taken against the tenants, as the case may be.

SEC. 165. Outbuildings should have the required conditions of ventilation, light, and water, and their own water-closets and sewers; if not, the owner shall be compelled to allow the tenants the use of the water-closets and sewers of the main building, in the prescribed proportion to the number of persons.

SEC. 166. Outbuildings used for the sale of meat, milk, candies, etc., shall have the sanitary service completely separated from the store; they shall not be in direct communication with the main building; they shall have in the upper part of the door a transom 40 to 50 centimeters high by whatever the width of the door may be. Only the persons in charge of their custody, and in no case any family, shall be permitted to sleep therein, but in adjoining rooms.

SEC. 167. Owners of houses in towns where there are aqueducts and water pipes from the same in the streets are obliged to place in the houses faucets in proportion to the number of tenants, and an independent water service for each floor that is to be rented separately.

SEC. 168. The construction of wells, cisterns, or other deposits for water in new houses which streets have water pipes from the aqueduct shall not be permitted, except when they are to be assigned to industrial purposes, in which case the permission from the local sanitary board shall be necessary, and the use of such wells and cisterns shall be subject to the requisites that said board may prescribe. Pools for domestic purposes are excepted from this prohibition if they have the conditions prescribed by the local sanitary board.

SEC. 169. Cesspools, in towns where they are permitted, shall be located at a distance of not less than 10 meters from wells, cisterns, springs, or other water sources. This provision shall apply to deposits for refuse, garbage, etc.

SEC. 170. The installation of water pipes through sewers, drains, etc., is prohibited.

SEC. 171. The construction or opening of churches, theaters, circuses, foundling asylums, hotels, hospitals, asylums, and other public places shall not be permitted except upon favorable report of the local sanitary board after the examination of the plans, specifications, etc.

SEC. 172. Theaters, circuses, churches, hotels, lodging houses, asylums, etc., shall have, besides the general requisites, the following special ones: (a) Sufficient ventilation; (b) fire extinguishers and escapes; (c) abundant supply of water, and proportionate number of water-closets and urinals; and (d) perfect cleanliness in all outbuildings.

SEC. 173. No barracks and jails shall be constructed except upon favorable report of the Superior Sanitary Board.

SEC. 174. Persons having knowledge of the commission of an act or the carrying out of a work in a building dangerous or detrimental to public health shall report the fact to the local sanitary chief.

CHAPTER IV.

HOTELS, LODGING HOUSES, BOARDING HOUSES, CAFÉS, RESTAURANTS, AND INNS.

SEC. 175. No hotel, lodging house, boarding house, café, restaurant, inn, or bar shall be established unless the owner subjects the establishment to the conditions prescribed by the sanitary chief in a written license. Owners of hotels, lodging houses, etc., which are in operation at present are hereby granted a maximum period of six months from the publication of these ordinances, within which time they shall make the required improvements, under penalty of fine and closing of the establishment.

SEC. 176. Hotels, lodging houses, and boarding houses shall keep a book where the name, place of origin, date of arrival and departure, and number of the room, of each guest shall be recorded, and also the names of persons employed in the establishment.

SEC. 177. It is hereby prohibited to lodge in hotels, boarding houses, lodging houses, and inns a larger number of persons than that corresponding to the capacity of the rooms, in a proportion of 20 cubic meters of space for each person.

SEC. 178. Every room or chamber shall be numbered with permanent figures.

SEC. 179. A larger number of beds than that corresponding to the above-mentioned proportion shall not be permitted in rooms or chambers unless there be other proper means for more ventilation, approved by the local sanitary board and by license in writing, in which the number of beds permitted shall be stated.

SEC. 180. Every bedroom shall have 40 cubic meters capacity at least, and the necessary doors and windows, the latter being not less than 1 square meter, so that it shall have communication with the exterior air, unless other adequate means to furnish good ventilation be employed.

SEC. 181. Every room shall always be kept perfectly clean, as well as the furniture, utensils, bed clothing, etc. The walls shall be whitewashed once a year at least.

SEC. 182. Garbage and refuse shall be deposited in receptacles of zinc or other impermeable material in accordance with the model prescribed by the local sanitary board, and shall be collected daily.

SEC. 183. Hotels, lodging houses, boarding houses, and inns should have the urinals, water-closets, sculleries, sewers, pipes, etc., kept perfectly clean and in good serviceable condition. There shall be one bathroom and one water-closet for every twenty persons. Water-closets shall be located in places of sufficient capacity, well ventilated, and with enough light, natural or artificial, during day and night. The walls must be impermeable to a height of at least 1 meter. The pavement of bathrooms, water-closets, urinals, sewers, etc., must be impermeable, and shall always be kept perfectly clean.

SEC. 184. The above-mentioned establishments shall be provided with water supply sufficient to furnish at least 100 liters daily for each person.

SEC. 185. Cafés, restaurants, bars, etc., shall be provided with sanitary water-closets, urinals, and washstands for the public service, all of them in good serviceable and clean condition, in number proportionate to the importance of the establishment; said water-closets, etc., shall be subject to the approval of the local sanitary board, and installed in accordance with the plan and system prescribed by the board.

SEC. 186. The establishments referred to in the three preceding sections shall be provided with cuspidors, in the proportion of one for every twenty persons, in corridors, passages, etc., of the model and with the disinfecting solution to be prescribed by the local sanitary board. In cafés the number of cuspidors shall be equal to that of tables in use.

SEC. 187. It is the duty of the keeper or owner of an hotel, lodging house, or boarding house to report to the sanitary chief any case of disease on the premises which may be found to be without medical attendance; cases of infectious diseases shall be reported as well.

SEC. 188. Any person suffering from a contagious disease who is lodged in a hotel, lodging house, or boarding house, etc., shall be removed to an isolated hospital when the sanitary chief shall deem it necessary.

SEC. 189. The owner or keeper of a hotel, lodging house, inn, restaurant, or bar who shall fail to comply with the provisions of this chapter shall be held responsible for the offense. Should he find resistance on the part of any of the lodgers to comply with said provisions, or should any of such lodgers have violated the same, he shall notify the fact at once to the sanitary chief.

CHAPTER V.

TENEMENT HOUSES.

SEC. 190. For the purposes of these ordinances it shall be understood by the term "tenement house" any building or part thereof assigned as residence of three or more families who live independently from one another, with general right to use the passages, courts, bathrooms, or water-closets, and with separate kitchens.

SEC. 191. Every tenement house shall have a person in charge of it, who shall be held primarily responsible for the fulfillment of the following duties, irrespective of the action that may be brought against the owner.

SEC. 192. He shall keep a register, where the name, place of birth, age, place of origin, date of arrival, and number of rooms of each tenant shall be stated, as well as the changes of rooms which might take place within the building, or the date on which any of such rooms may be left vacant.

SEC. 193. He shall notify the sanitary chief whenever there is a sick person in the building without medical attendance.

SEC. 194. He shall ask the physician attending a sick person in the building whether the disease is contagious or not; if the answer be affirmative, he shall immediately notify the fact to the sanitary chief.

SEC. 195. He shall compel the tenants to deposit the garbage and refuse in galvanized-iron receptacles, to be furnished by the owner of the building and made in accordance with the model and number prescribed by the sanitary board.

SEC. 196. He shall see that all courts, yards, and corridors are always kept perfectly clean, and for this purpose he shall not allow garbage or dirty water to be thrown in said courts, yards, or corridors.

SEC. 197. He shall not permit the deposit in the building of furniture or articles not in use.

SEC. 198. He shall see that the inlets to sinks are supplied with water and properly covered. He shall inspect the same frequently to see that they are in good condition, as well as the faucets, traps, sinks, washstands, and other sanitary plumbing.

SEC. 199. He shall see that water-closets and urinals are always kept clean and in good serviceable condition, and that no urine or other filthy substances are deposited on the floors thereof.

SEC. 200. He shall inspect all rooms in the building in order to see that they are kept clean. Should he find any room in an unsanitary condition he shall admonish the tenant, and if such tenant refuses to comply with the notice he shall report the fact to the sanitary chief.

SEC. 201. He shall keep the courts or yards in such a condition that no puddles can be formed, and he shall see that the wells, cisterns, tanks, and other receptacles for water are properly protected with covers of wire gauze against the access of mosquitoes.

SEC. 202. He shall not allow in any room overnight a greater number of persons than that corresponding to its capacity as prescribed by the sanitary board, which number shall be posted in every room.

SEC. 203. Immediately after a room is left vacant he shall clean it thoroughly before it is rented again, keeping it closed in the meanwhile. If a case of any disease the report of which is compulsory should have occurred in the room, he shall notify the fact to the local sanitary chief for the necessary disinfection.

SEC. 204. Every tenement house shall be provided with cuspidors in the proportion of one to every 20 persons, which cuspidors shall be placed upon stands 1 meter high, in courts, passages, and corridors, and it shall be the duty of the person in charge of the building to keep them clean and supplied with the antiseptic solution prescribed by the board.

SEC. 205. Every tenement house shall be provided with one water-closet, one bathroom, and one sink for every 20 persons; the floors and walls of such water-closets and bathrooms shall be impermeable, and also the walls to a height of 1½ meters, at least.

SEC. 206. All tenement houses shall be provided with water supply sufficient to furnish at least 100 liters daily for each person.

SEC. 207. Roofs, walls, doors, and windows of tenement houses shall be kept clean, white-washed and painted, and without clefts. The walls shall be whitewashed at least once a year.

SEC. 208. The placing of cloth or paper over holes or small windows of rooms in such manner as to obstruct the access of light or air, is prohibited.

SEC. 209. Wash tubs, or other receptables for washing purposes, should have metal hoops, and props for stands, and not barrels, cases, or other such devices. Walls, in places assigned to washing purposes, should be covered with impermeable material to a height of at least 1½ meters.

SEC. 210. Washing or cooking in dwelling rooms is prohibited. All newly constructed tenement houses shall be provided with special compartments, uninhabited and for general use, one for the washing place and the other for the kitchen.

SEC. 211. Dividing of rooms by means of thin walls, whatever be the material employed for the purpose, is hereby prohibited.

SEC. 212. The smallest room in a tenement house should not be less than 9 square meters in area and 4 meters high.

SEC. 213. Industrial or commercial establishments in tenement houses are prohibited; therefore, no shops of any kind can be conducted within the premises of said buildings, except in those higher than one story, the entrance and sanitary service being independent from the part assigned to living purposes, all with the consent of the sanitary board.

SEC. 214. No stables shall be permitted in tenement houses, nor can animals of any kind be kept therein, except birds in cages.

SEC. 215. Any person suffering from a contagious disease in a tenement house shall be removed to an isolation hospital whenever the sanitary chief shall deem it necessary.

SEC. 216. Should the person in charge of a tenement house encounter resistance on the part of tenant to comply with the provisions of these ordinances, or should any tenant violate any of said provisions, it shall be his duty to report the fact immediately to the sanitary chief.

SEC. 217. Newly constructed buildings shall not be used as tenement houses until the plans thereof shall have been approved by the sanitary board; nor shall buildings already existing be used for like purposes without the previous consent of the sanitary board.

SEC. 218. It shall be the duty of persons in charge of tenement houses to furnish the sanitary inspector any information in regard to said buildings, and also to accompany them upon their inspection visits.

SEC. 219. Printed copies of the rules contained in this chapter shall be posted at the entrance of every tenement house, said copies to be furnished by the local sanitary board.

CHAPTER VI.

PRIVATE HOUSES AND BUILDINGS IN GENERAL.

SEC. 220. All houses, buildings, constructions, etc., are hereby made subject to sanitary inspection by the local sanitary board, and their owners, keepers, agents, lessees, tenants, inhabitants, etc., shall allow and facilitate any inspection by the officers or agents duly authorized by the local sanitary board, and also carry out, or permit the carrying out of, the sanitary works in the house which might have been ordered as a consequence of the inspection.

SEC. 221. Every house or dwelling shall be provided with all the necessary hygienic conditions, so that it shall not constitute a danger or menace to the health or life of its inhabitants and neighbors.

SEC. 222. Every house, or floor thereof rented separately, shall be provided with water supply sufficient for the domestic necessities of its inhabitants, at the rate of 100 liters, at least, per day for each person.

SEC. 223. Owners or tenants, as the case may be, shall take the necessary precautions to prevent the sewers, sinks, water-closets, etc., from exhaling emanations or other annoying odors.

SEC. 224. Drainpipes should be sufficiently ventilated and have all the necessary requirements to facilitate the discharge of refuse matter, prevent filtrations through walls and pavements, and permit the escape of gases in such a manner that they shall not be detrimental to the health of tenants and neighbors; to this end the construction, installation, or alteration of the same shall conform with the engineering specifications prescribed in the respective permit. Similar specifications are required in the case of water-closets, cesspools, scullerles, sinks, and other sanitary plumbing.

SEC. 225. The construction of drainpipes, ventilating tubes, or smokestacks which may annoy or damage the neighboring houses, or that in which the same are intended to be constructed, is prohibited. The provisions of this section shall be applied to such drainpipes, etc., that are already constructed.

SEC. 226. Houses in towns where there are aqueducts and sewers shall be provided with water-closets of the system adopted by the Superior Sanitary Board, exclusive of any other system. Houses in towns where there are no aqueducts or sewers shall be provided with

cesspools, constructed in accordiance with the proper engineering specifications and at a distance of not less than 10 meters from wells, cisterns, rooms, and kitchens, unless the sanitary board should adopt other system for the collection and extraction of fecal matter.

SEC. 227. Cesspools and dumps shall be constructed in such a manner as to prevent the overflow on account of rains.

SEC. 228. The construction or existence of cesspools and sinks in houses shall only be permitted in streets where there are no sewers.

SEC. 229. The owner or tenant of every house shall pour into cesspools and sinks unslaked lime, sulphate of iron, creoline, or other disinfecting substances, when so ordered by the sanitary board for special reasons.

SEC. 230. Pavements of water-closets, bathrooms, washing places, sculleries, etc., shall be made of impermeable material, and the walls shall be covered with the same material, if they are made of stone, to a height of 1½ meters, at least, and oil painted if they are wooden.

SEC. 231. Owners of houses shall see that cesspools and sinks are never filled up nor allowed to overflow, ordering the cleaning of the same whenever necessary. In case they shall fail to do so, the sanitary board shall cause such cleaning to be made by the public service of cleaning at the expense of the owner of the house, irrespective of the fine which may be imposed on him for the offense.

SEC. 232. Wells, cisterns, tanks, or other receptacles for water shall be so arranged that no dampness from the same can be communicated to rooms, and that no filtrations be received by the same from cesspools and sinks, and they shall always be protected with wire-gauze covers against the access of mosquitos.

Only fountains constantly operating with running water shall be permitted.

SEC. 233. No deposit of refuse, garbage, or offal, stanched water, or any other matter deleterious to health shall be permitted within the premises of any house.

SEC. 234. Receptacles used for containing garbage and refuse shall be placed as distantly as possible from the rooms of the house and must not have holes.

SEC. 235. Breeding or fattening of pigs within city limits is prohibited; and it shall only be permitted at a distance of 200 meters from said boundaries.

SEC. 236. Rooms used as kitchens, or permanent stoves or furnaces, should be provided with mantles or chimneys to facilitate the escape of gases and smoke generated by combustion, so built that they shall not injure the health of tenants and neighbors. Portable furnaces shall be placed, when in use, in places where they shall not be annoying to tenants or dwellers.

SEC. 237. All rooms, outbuildings, courts, roofs, and sanitary plumbing of a house shall always be kept perfectly clean. Walls must be kept in good condition and properly painted, as well as doors and windows; pavements and roofs must be kept in good condition in order to prevent humidity in rooms, and for this purpose, wherever necessary, the construction of drainpipes and conduits shall be required.

SEC. 238. Stables shall only be permitted in perfectly ventilated places, with impermeable pavements and walls, and all the requirements prescribed by the special regulations for stables.

SEC. 239. The use of cellars and semisubterraneous places for sleeping or dwelling purposes is hereby prohibited, and no door or opening communicating a cellar with a bedroom shall be permitted. This prohibition shall be applicable to ground floors if the height of the same be less than 2½ meters and if they are not provided with windows to furnish sufficient ventilation.

SEC. 240. The accumulation of domestic animals, such as dogs, cats, rabbits, poultry, pigeons, birds, etc., in rooms shall not be permitted.

SEC. 241. If a house or a part thereof be declared unhealthy, as a result of the inspection, the sanitary chief shall notify the fact to the owner or tenant, as the case may be, giving him sufficient time within which he may make the works, repairs, or improvements that he might have been ordered to carry out. At the expiration of the time allowed a reinspection of the building shall be made for the purpose of ascertaining whether the order has been complied with or not. If not, and if the justifiable and unavoidable causes that prevented the carrying out the works ordered have not been stated in writing, a complaint shall be filed before the proper court for the imposition of the penalty fixed by law, and further period of time shall again be granted for like purpose. If after the third time the works have not been carried out the house or part thereof, as the case may be, shall be declared uninhabitable and the police shall proceed to dislodge it and close it within thirty days. It shall remain closed until the works ordered shall have been carried out.

SEC. 242. A house or building, or part thereof, used for dwelling, sleeping, manufacturing, or other purposes, which constitutes a permanent danger to health or life, and which can not be placed in proper hygienic conditions, shall be declared uninhabitable or dangerous after proper investigation and shall be dislodged and closed upon order of the sanitary chief by the police within thirty days.

Chapter VII.

SCHOOLS AND COLLEGES.

Sec. 243. No school or college shall be established without the favorable report of the local sanitary board in regard to location, hygienic conditions, sanitary plumbing, and capacity of the building in proportion to the number of pupils and school furniture.

Sec. 244. Lecture halls must be dry, with good sufficient ventilation, and an area in proportion to the number of pupils at the rate of 1½ meters per person.

Sec. 245. School and college buildings shall be provided with one water-closet for every 30 pupils at least and as many urinals as it is deemed necessary.

Sec. 246. Sanitary plumbing of schools and colleges shall always be kept perfectly clean, as well as the outbuildings, courts, floors, walls, etc.

Sec. 247. Schools and colleges are subject to inspection by the local sanitary board regarding the buildings as well as the condition of the health of professors and pupils.

Sec. 248. Every pupil in a school or college shall be vaccinated and the parents, guardians, etc., shall be responsible for violation of this provision, as well as the director and professor, as the case may be. The same provision is applicable to the director, teachers, and other subordinate employees.

Sec. 249. When the director of a school or college finds that a pupil, teacher, servant, etc., lives in a place where a contagious disease prevails, he shall dismiss such person from the school temporarily and give notice of the fact to the sanitary chief within twenty-four hours.

Sec. 250. No pupil, teacher, servant, etc., so dismissed shall be readmitted to the school or college without the proper authorization from the sanitary chief.

The provisions of this and the preceding section shall also be applicable to night and Sunday schools.

Sec. 251. The permanent or temporary closing of a school or college on account of the prevalence therein of a contagious disease or of the unhealthy condition of the building shall be ordered by the local sanitary board.

Sec. 252. Persons suffering from chronic contagious diseases shall not be permitted to discharge any office or position in a school or college.

Chapter VIII.

FACTORIES AND WORKSHOPS.

Sec. 253. Before a permit for the installation of a factory or workshop is issued, the favorable report of the sanitary board is necessary. Said report shall be prepared upon the statement submitted to the board expressing the nature of the establishment, its location, technical conditions, proper for its industrial purposes, safety, stability, light, ventilation, capacity, kind and maximum number of machines and apparatus to be operated, and number of laborers and other employees.

Sec. 254. Every factory or workshop shall have an area of 2 square meters per person and a cubic volume of at least 12 meters.

Sec. 255. Workshops shall be located in dry places, with good light and ventilation and other hygienic requirements necessary for the health and life of laborers and employees.

Sec. 256. Factories or workshops in which, due to the nature of the works, gases, dust, or liquid refuse, annoying or noxious to laborers, employees or neighbors, are indispensably produced, shall be provided with the proper means of gathering and distributing said gases, dust, or liquid refuse, without constituting any danger, by the process deemed necessary and approved by the local sanitary board.

Sec. 257. Owners of factories, workshops, establishments, houses, etc., where smoke-stacks are to be or have been already placed, shall construct or modify them, as the case may be, in such a manner that the smoke can not have access into neighboring houses or rooms.

Sec. 258. The discharge of refuse matter from workshops, factories, or industrial establishments into streams, canals, rivers, etc., the waters of which are used for fishing, drinking, or other purposes is prohibited, unless such refuse matter be previously purified by means of proper process approved by the Superior Board.

Sec. 259. No child under the age of 14 years shall be employed in any factory or workshop. Minors under 18 years of age shall not be employed for the handling of dangerous machines or apparatus.

Sec. 260. Factories or workshops where there are machines, or where dangerous substances are manufactured, and the number of laborers exceeds 200, shall have a permanent physician during the labor hours ready to render his assistance in case of accident.

Sec. 261. Every factory or workshop shall be provided with cuspidors in proportion to the number of laborers. Said cuspidors shall be kept perfectly clean and washed daily with boiling water or some disinfecting solution. The sanitary board shall prescribe the

model and number of said cuspidors, and the disinfecting solution which the same shall contain and that with which they shall be washed.

SEC. 262. Factories and workshops shall be provided with sufficient number of water-closets in a proportion of at least 5 per cent of persons, and urinals and washstands, all of which shall be kept perfectly clean and in good serviceable condition.

SEC. 263. Owners or managers of factories or workshops shall not permit therein any laborer or employee suffering from a contagious disease.

SEC. 264. Cigar factories shall be subject to the following provisions:

(a) Working tables shall be so arranged that the laborers shall not sit facing each other.

(b) Each table shall be provided with a small receptacle made of enameled iron, for the water and paste to be used in the confection of cigars. The use of saliva and the teeth in such confection shall not be permitted.

(c) Every table shall be provided with a receptacle for the waste of materials employed in manufacturing cigars.

(d) Walls and tables shall be cleansed once a week, at least.

(e) Cloth used in tables for gathering waste matter shall be kept clean.

(f) Spitting on floors shall be prohibited.

(g) There shall be a cuspidor for every laborer.

(h) Pavements shall be washed daily.

(i) They shall be so kept that no cracks may be found thereon.

(j) Windows of workrooms shall be so arranged that the upper part thereof shall remain open.

(k) There shall be in workrooms a space of 20 cubic meters for every laborer.

(l) The manufacture of cigars, etc., in bedrooms is prohibited.

(m) The sale of tobacco refuse which shall have fallen upon floors shall not be permitted.

(n) Water which shall have been used in the confection of cigars must be thrown away before it decomposes.

SEC. 265. Factories, workshops, and industrial establishments in general, where machinery, apparatus, etc., are employed, shall have the same mounted in such manner that the parts thereon which by their movement or other cause constitute a danger, shall be covered or protected with wire gauze or other material. Steam boilers or other means of generating motive power shall be kept in the best condition of safety and must be explosion proof; all buildings pertaining to an industrial establishment shall be so constructed as to prevent danger of lives.

Wells, traps, holes, etc., shall be kept closed.

The foregoing provisions are also applicable to theaters, circuses, stores, and other establishments where mechanical apparatus are employed.

CHAPTER LX.

DANGEROUS, UNHEALTHFUL OR ANNOYING FACTORIES, INDUSTRIES AND ESTABLISHMENTS.

SEC. 266. Dangerous, unhealthful or annoying factories, industries, and establishments shall not be permitted hereafter except in accordance with the following requirements as to their location the respective classification and the prescriptions of the regulations concerning the same:

(a) They shall be located far from dwellings, streets, and roads.

(b) They may be located in the suburbs of towns.

(c) They may be located in any part of the city, but subject to frequent inspection and governmental prescriptions.

SEC. 267. Besides the requirements of construction, engineering, etc., prescribed by the ayuntamiento, no permit shall be granted for the installation of any of such factories or establishments, without the favorable report of the local sanitary board; and it shall not be operated until after it has been demonstrated to the board that all sanitary requirements prescribed in the permit have been complied with. An appeal from the decision of the local board may be taken to the Superior Board.

SEC. 268. The kind of products sought to be manufactured in the factory or establishment shall be stated in the permit or license for the installation and operation thereof, as well as the process of manufacture to be followed and the maximum amount of goods that the warehouses or storerooms can contain.

SEC. 269. When a factory or industrial establishment shall have suspended its operations for more than a year, or has to be removed to another location, it shall have to fill the same requirements as if it were a new one.

SEC. 270. When the interest of public health shall so demand it, the removal of any establishment may be compelled through due process of law.

SEC. 271. Departments in factories or industrial establishments, where organic substances susceptible of easy decomposition are manufactured, shall be provided with perfectly impermeable pavements, and sufficient supply of water for frequent washing.

SEC. 272. No organic substances shall be stored in a factory or industrial establishment over twenty-four hours, unless they be protected against decomposition. Waste matter and refuse shall be collected every day from such establishments.

SEC. 273. The preparation or cooking of animal refuse, for industrial or commercial purposes, within city limits, is prohibited as well as the grinding or trituration of bones or shells, and other industrial operations producing fetid odors, or which might endanger public health.

SEC. 274. Renting or ceding rooms for dwelling or sleeping purposes in houses or buildings where there are dangerous or unhealthful establishments or factories, is prohibited. The connection of such establishments or factories with tenement houses is likewise prohibited.

SEC. 275. No laundry shall be established in a house, unless said house be previously inspected by the sanitary board and a favorable report from the same be secured for the purpose.

SEC. 276. In laundries where steam is not used, the clothes shall be immersed in boiling water for at least an hour.

SEC. 277. The local sanitary board shall prescribe in each case the requirements which the sanitary service in laundries must have (cemented tanks, drainage, etc.).

SEC. 278. Stables for all kinds of animals shall be considered as unhealthful establishments, subject to special regulations, and shall be located in the suburbs.

SEC. 279. No license shall be granted for the installation and operation of stables without the favorable report of the local sanitary board.

SEC. 280. The sanitary conditions required for the granting of such licenses, and to which all existing stables shall be subject, are as follows:

(a) Stables shall be located outside of the city limits.

(b) Buildings for stables shall be made of stone, brick or iron, 5 or 6 meters high, and shall be provided with ventilating holes, one for every 4 animals.

(c) The stables shall be in galleries 4 meters high at least.

(d) Galleries having only one manger adhered to the wall shall not be less than 4 meters wide in all its longitude.

(e) The walls shall be covered with cement or other impermeable material.

(f) The racks for forage shall be made of iron; the mangers may be made of wood.

(g) The pavements shall be made of cement, with an inclination of at least 200 per cent.

(h) The sewers shall be constructed with a bottom of an elliptical shape, and shall be perfectly polished.

(i) In order to prevent the animals from slipping, or catching cold when lying down on the pavement, the same shall be covered with wooden boards about 2 inches thick, said boards to be removable and placed in such a manner that sufficient space be left between the boards and the pavement.

(j) Each animal shall be separated one from the other by a proper distance. The stables shall be provided with proper divisions of a space 1½ meters wide.

(k) Racks for forage of all kinds shall be made of stone, brick, or iron.

(l) Stables shall have an infirmary, which shall be independent from the rest of the premises, and where only the sick animals affected with diseases not transmissible to mankind, shall be lodged.

(m) In case there be no general sewer system in the place where a stable is located, the excreta shall be deposited in a dumping place of the capacity prescribed in each case; such dumping place shall be made of impermeable materials, and must be emptied whenever necessary, the contents being removed to the general dumping places of the city.

(n) Stable buildings shall be provided with the necessary number of ventilators or windows.

(o) The drinking troughs shall be made of impermeable materials and so arranged that they may be easily cleaned. There shall be one drinking trough for each animal.

SEC. 281. Dwellings in stables are prohibited, except those exclusively assigned to employees thereof; establishments having no connection whatever with stables are likewise prohibited therein.

SEC. 282. Stables shall be provided with water supply sufficient to furnish the necessary amount of water for the general cleaning, which shall be made twice a day at least.

SEC. 283. Garbage and excrement shall be removed from stables every day and taken to the general dumping places in the manner prescribed for the public collection and disposal of garbage.

SEC. 284. The excreta shall be deposited in metal receptacles which shall be cleansed and disinfected daily.

SEC. 285. Pavements of yards, workshops, and other compartments for the storage of outfits, etc., shall be perfectly filled with stone or macadam.

SEC. 286. Sick animals shall not be employed in any kind of work.

SEC. 287. It shall be the duty of owners of stables to engage the services of a veterinarian who shall inspect the cattle once a week at least.

SEC. 288. Whenever the municipal veterinarian, or sanitary inspectors, make an inspection of stables they shall record the inspection in a book kept for the purpose in every stable.

SEC. 289. Whenever there is an animal suffering from a disease transmissible to mankind, the veterinary attending such animal, or, in his stead, the owner thereof or other interested person, shall report the case to the local sanitary chief.

SEC. 290. When an animal suffering from an infectious disease is removed from the stables the municipal veterinarian shall see that a thorough disinfection is made in the place considered infected, and, in cases of glanders, that the harness used on such animal has been also disinfected.

SEC. 291. Stables in houses and private establishments shall be subject to the provisions herein contained as regards the construction and sanitation thereof.

SEC. 292. Stables in towns where there is no sewer system shall be provided with outlets to dumping places of sufficient capacity.

SEC. 293. Stables which are not provided with open sheds must have ventilating tubes projecting 2 meters out of the ceiling. Said tubes may be provided with registers to regulate the current of air.

SEC. 294. Stable utensils, such as pails, or water receptacles, sponges, forage racks, etc., shall always be kept clean.

SEC. 295. Stables shall be washed twice a day.

SEC. 296. Animals in stables shall be subjected to the test of "malcina."

SEC. 297. Dangerous or annoying establishments, deposits, or factories must always be kept perfectly clean, so that the operations therein shall not be detrimental to public health.

CHAPTER X.

SLAUGHTERHOUSES AND SLAUGHTERING.

SEC. 298. No slaughterhouse shall be constructed without the favorable report of the local sanitary board, approved by the Superior Sanitary Board, after consideration of the plans, specifications, and other documents.

SEC. 299. Rooms for dwelling purposes in slaughterhouses are prohibited except when specially permitted in writing by the Superior Board.

SEC. 300. Every ayuntamiento shall have a public slaughterhouse with the necessary departments, personnel, sanitary service, etc.

SEC. 301. Private slaughtering for the consumption of meat in farms or factories is prohibited, unless it shall be duly authorized and made in accordance with provisions prescribed by the local sanitary board.

SEC. 302. Slaughterhouses shall be managed by special regulations, to be approved by the Superior Sanitary Board, as regards the sanitary service therein.

SEC. 303. Slaughtering of animals for public consumption shall be made in the official slaughterhouses of municipalities only.

SEC. 304. Slaughtering in courts or yards of houses within city limits is prohibited. Slaughtering in country houses or houses in towns of lesser importance is prohibited unless it be intended for private consumption; a favorable certificate of the examination of the animal by a competent official shall be necessary therefor.

SEC. 305. Animals intended for public consumption shall be examined before and after the slaughter by the veterinarian or by a physician if there be no veterinarian. If the examination shows that the animal is not completely healthy it shall be condemned.

SEC. 306. Animals that are to be slaughtered must be perfectly clean and kept in the slaughterhouse corral during six hours before they are slaughtered. The corrals shall be thoroughly cleaned every twenty-four hours; their capacity shall be in proportion with the number of animals; said corrals must be well ventilated and provided with sufficient water and drinking troughs and other requirements which may be deemed necessary.

SEC. 307. Persons in charge of corrals shall notify to the respective veterinarian the existence therein of any animal suspected of being sick.

SEC. 308. Slaughtering of thin, pregnant, beaten, suffocated, or wounded animals or of animals suffering from ulcers, fever, or other disease which in the discretion of the veterinarian may render them unfit for consumption, shall not be permitted.

SEC. 309. Animals that are to be slaughtered must be able to go to the slaughterhouse on their own feet, except those which on account of their excessive fatness can not walk.

SEC. 310. Slaughterhouses shall be kept thoroughly clean and ventilated, and all offal, blood, refuse, and other filthy matter shall be removed after the slaughtering. All refuse matter shall be destroyed or removed to places where it can not be detrimental to public health.

SEC. 311. The transportation of meat to the places where it shall be sold must be made in the best condition of cleanliness and in oil-painted wagons, the inside of which shall be covered with tin or galvanized iron; they shall be provided with hooks where the meat shall be hanged. The transportation in any other way whatever shall not be permitted.

SEC. 312. Persons employed in the transportation of meat must be cleanly dressed and shall not be permitted to work unless they wear impermeable overcoats.

SEC. 313. The transportation or conveyance of refuse matter from slaughterhouses through the streets shall not be permitted unless it be done in the manner prescribed by the sanitary board.

SEC. 314. The insufflation of the skin of dead animals in order to facilitate the operation of flaying shall be made by means of apparatus fit for the purpose; such insufflation by means of the mouth is prohibited.

SEC. 315. The use, even though temporary, of the premises of a slaughterhouse for any other purposes than that to which it is assigned is prohibited.

CHAPTER XI.

MARKETS.

SEC. 316. No market shall be built or altered without the favorable report of the local sanitary board after consideration of the plans and other documents.

SEC. 317. The capacity of a market shall be in proportion with the commercial necessities of the locality; every market shall be supplied with abundant quantity of water; the pavements thereof shall be made of impermeable material and with the necessary declivity in order to prevent stagnation; the pillars shall be sufficiently high and distant from each other to furnish good ventilation; the roofs shall be provided with ventilating holes, and if they be made of metal sheets they shall be sufficiently separated from the walls in order to prevent excessive heat.

SEC. 318. Premises of markets which may be constructed hereafter shall not be used for dwelling or sleeping purposes, and the construction of dwellings therein shall not be permitted. In markets already in existence wherein dwellings are permitted and to which the provisions of this article can not be applied on account of special circumstances, such dwellings shall be subject to the necessary conditions required by public health and sanitation.

SEC. 319. The rules which the local sanitary board may prescribe for the sanitary management of markets shall be included in the special regulations for the administration of the same.

Sellers shall comply with all provisions in regard to the keeping of their stands in the best of hygienic conditions.

SEC. 320. The sale in markets of cooked food products of any kind is prohibited except feet and intestines, boiled only and without any other preparation whatever; the use of braziers, furnaces, stoves, etc., within markets shall not be permitted.

SEC. 321. Meat or fish remaining from the daily sale can be sold only when preserved on ice or salted.

SEC. 322. Stands where meat is sold shall have the following requirements:

(1) They shall be provided with an iron or steel bar, perfectly polished and clean, for hanging the meat.

(2) In towns where it be practicable to do so a water cock of sufficient gauge shall be placed upon the sink, which will be connected by means of a pipe with the market sewerage system.

(3) A sink inlet with hydraulic plug.

(4) The stands must be oil painted and kept perfectly clean.

(5) They shall be provided with wire gauze doors and covers to prevent the access of mosquitoes.

(6) There shall be in every stand a marble counter and a table of the same material.

(7) The meats shall be so placed that the customers and other persons can not touch them.

SEC. 323. The use of hatchets and wooden blocks for chopping meat is prohibited; the meat and bones must be cut with knives and saws respectively, the handles of which must be made of metal.

SEC. 324. Meat and fish sellers shall wear during the sale hours a clean white apron. Walls, counters, etc., of stands shall be washed after the sale hours.

SEC. 325. The sale of meat shall be discontinued at 11 a. m. Meat remaining from the sale of the day must be placed in the refrigerator or shall be salted; if said meat be kept otherwise it shall not be sold the next day.

The use of preserving substances other than common salt (sodium chloride) is prohibited.

SEC. 326. The giblets shall be placed in the refrigerator as soon as they are received from the slaughterhouse.

SEC. 327. The sale of fish or mollusks shall be discontinued at 10 a. m. during the summer and at 11 a. m. during the winter. The remnants from the sale shall be salted or placed in the refrigerator.

SEC. 328. Crabs, lobsters, and other crustaceans must be sold alive, precisely.

SEC. 329. The sale of oysters during the months of May and August, inclusive, is prohibited, and oysters in a decaying condition shall be thrown away immediately.

SEC. 330. The sale of scaled, flayed, beheaded, or in any other way mutilated fish, is prohibited, except fish which is usually sold in round slices.

SEC. 331. The sale of fishes which are liable to cause *ciguatera* (kind of jaundice) is prohibited.

SEC. 332. Fish sellers must be cleanly dressed and wear a white apron during the sale hours; they shall wash the counters, tables, etc., every day.

SEC. 333. Vessels used for washing vegetables, etc., must be made of enameled iron or other impermeable material.

SEC. 334. The sale of decayed or noxious fruits is prohibited.

SEC. 335. The sale of dead domestic rabbits is prohibited.

SEC. 336. Dead poultry and game must be disemboweled and perfectly fresh, it being the duty of the sellers to preserve said poultry and game in refrigerators.

SEC. 337. Other animals for public consumption, such as suckling pigs, kidlings, rabbits, etc., must be perfectly healthy, fat, and clean.

SEC. 338. Throwing refuse matter on the floors is prohibited. All refuse matter shall be deposited in galvanized-iron receptacles provided with lids; said receptacles shall be placed in the stands and marked with the corresponding number. When the cleaning of a stand has been completed, said receptacles shall be placed at the entrance in order that they may be collected by the persons in charge of the service.

SEC. 339. The sewers shall be kept covered, and every market, in towns where it be practicable, shall be provided with sanitary water-closets and urinals approved by the local sanitary board.

SEC. 340. The general cleaning of a market shall be made twice a day and at the hour prescribed in the administrative regulations of the market. The persons in charge of the cleaning shall collect the garbage from each stand, washing the receptacles and putting them back in their places. They shall also clean the water-closets and urinals, every night, as well as the sink inlets, disinfecting all of them with lime, creoline, etc.

SEC. 341. Wooden walls and other wooden constructions shall not be permitted in stands.

SEC. 342. There shall be in each market a place where, during the hours of cleaning, all articles which may have been seized, on account of being unfit for consumption, shall be deposited in order that they may be thrown away or destroyed together with the garbage and refuse.

SEC. 343. The inspection of markets shall be made daily and at different hours.

SEC. 344. The existence of cellars, cafés, establishments, etc., is prohibited within markets.

SEC. 345. It shall be the duty of inspectors: (a) To examine carefully all stands; (b) to report to the sanitary chief whatever they may deem necessary for the cleaning and maintenance of the premises of markets; (c) to inspect meats, fish, poultry, and other animal products; (d) to order the withdrawal from sale of all articles unfit for consumption, notifying the sanitary chief immediately; (e) to take samples of all articles which may be considered suspicious, in bad condition, or adulterated, giving the interested party a receipt specifying the article from which the sample is taken, in order to avoid doubts or discussions; (f) to examine the water-closets, urinals, and inlets to sewers, reporting to the sanitary chief any violations which they may observe.

CHAPTER XII.

MEAT MARKETS AND SALE OF MEATS.

SEC. 346. Before a meat market is opened the favorable report of the local sanitary board shall be necessary in regard to its proper sanitary conditions.

SEC. 347. Meat markets, besides being well ventilated and kept in a cleanly condition, shall have the following requirements:

(a) White marble counters, well polished.

(b) Marble or cement pavements.

(c) Smooth ceilings.

(d) The walls must be covered with glaze tiles to height of 2 meters.

(e) The stanchion therein must be 4 or 5 meters high, except in those already existing and which have sufficient ventilation.

(f) They shall be provided with abundant water supply.

(g) They shall be provided with refrigerators or ice boxes of sufficient capacity in accordance with the importance of each establishment.

(h) They shall be provided with iron-grating doors facing the street.

(i) The meat must be hung on steel hooks. Said hooks must be beyond the reach of hands of purchasers and attached to a steel bar, all of which shall be kept polished.

(j) The sanitary plumbing therein shall be adapted to the prescriptions of the sanitary board. No water-closets shall be permitted in meat markets.

(k) The premises must be kept in the best cleanly condition; the pavements must be washed one or more times daily, and the walls, etc., oil painted whenever necessary.

(l) No other industry or commerce shall be conducted in meat markets; bones, refuse, garbage, etc., must not be deposited therein; meat markets must be separated from other establishments by complete stone walls.

SEC. 348. Meat and fish remaining from the daily sale shall be placed in the refrigerators or ice boxes of the model prescribed by the local sanitary board.

SEC. 349. The sellers must wear a white clean apron.

SEC. 350. No meat market shall be permitted in wooden buildings, except when, on account of special circumstances of location, the consent in writing of the local sanitary board be secured.

SEC. 351. Meat markets already established and which have not the requirements prescribed by these ordinances shall be allowed a period of six months from the date in which these ordinances shall go into effect. Meat markets which shall not have complied with said requirements shall be closed.

SEC. 352. Premises of meat markets shall not be used for dwelling or sleeping purposes.

SEC. 353. Meats shall be kept hanging outside or inside of the refrigerator from the time of their arrival to the establishment until 10 o'clock in the morning; after that time they shall be placed in the refrigerator, which shall be provided with sufficient amount of ice.

SEC. 354. The use of hatches and wooden blocks for chopping meat is prohibited; the meat and bones must be cut with knives and saws, respectively, the handles of which must be made of metal.

SEC. 355. The sale of meat from animals which shall not have been slaughtered expressly for consumption, in slaughterhouses, is prohibited.

SEC. 356. When the owner of a meat market suspects that the meat which he has is derived from a diseased animal, he shall suspend the sale of said meat and immediately report the fact to the sanitary chief.

SEC. 357. All utensils used in meat markets shall always be kept perfectly clean.

SEC. 358. No meat other than pork or beef, nor other salt than sodium chloride, shall be employed in the confection of sausages, and utensils made of other material than wood, iron, or stone must not be used for said purpose, which utensils shall be kept perfectly clean.

SEC. 359. The importation of meat from one town into another shall not be permitted unless such meat is marked with the stamp of the slaughterhouse, and accompanied with a certificate from the veterinarian thereof, approved by the alcalde.

SEC. 360. Meats not proceeding from authorized slaughterhouses, or which have not been examined by the inspectors, shall be considered as clandestine, and be seized. Such meats shall at once be sent to the respective officer for sanitary examination.

SEC. 361. The tanning of hides or the preparation of tallow in meat markets or other places within city limits, without the written consent of the local sanitary board, is prohibited.

SEC. 362. The delivery from house to house of meats, bones, giblets, lard, etc., shall be done in boards made of polished metal or wood covered with metal foil, which boards shall be kept clean; they shall be provided with covers in order to prevent dust, insects, or hands from coming in contact with them.

SEC. 363. The use of preserving substances other than common salt (sodium chloride) for the preservation of meats is prohibited.

CHAPTER XIII.

GARBAGE AND REFUSE.

SEC. 364. In houses where the service of transportation of garbage to sea shall not have been established, the garbage and refuse shall be deposited in dumping places located at a distance of not less than 1 kilometer from the city limits and in places where they can not be detrimental to public health. When crematories for garbage and refuse shall have been established, the garbage and refuse shall be transported to the same.

SEC. 365. Each ayuntamiento, when the service is not provided for by the Government, shall establish a public service for the collection of filthy water, garbage, and refuse of streets, squares, and houses in the manner prescribed by the sanitary board.

SEC. 366. House refuse and garbage shall be deposited in metal receptacles, which shall be placed in the streets near the sidewalk a few moments before the wagon for the collection of such refuse and garbage passes by; if the service be made during the day time, it shall be early in the morning; if it be at night, after 10 o'clock.

In places where there is no organized service for the collection of house refuse, and when it can not be transported outside the city limits, it shall be cremated in the yards of the respective houses every forty-eight hours, or before if necessary to prevent decomposition.

SEC. 367. Tenants must be provided with a sufficient number of waterproof receptacles, made of metal, or interiorly covered with metal foil, of a capacity sufficient to contain all garbage, refuse, etc., which may have been accumulated during the day. In places where there are no sewers, every occupant of a house shall be provided with vessels to contain the waste liquids, in the same conditions as garbage. He shall see that the receptacles are withdrawn from the street as soon as they have been emptied.

SEC. 368. Passers-by must not shake, scatter, or remove the contents of such receptacles or take possession of the latter.

SEC. 369. In places where there is no public service of cleaning, garbage and refuse from industrial and commercial establishments shall be transported to the dumping places at the expense of the owners.

SEC. 370. The throwing of fecal matter and dead animals into dumping places is prohibited.

SEC. 371. The ayuntamientos shall prescribe that the garbage and refuse thrown into dumping places be cremated or destroyed by the contractors when the service is made by contract; in case the removal of garbage, articles, or materials from dumping places for industrial purposes shall be permitted, they shall be previously disinfected, and with the consent of the sanitary board.

SEC. 372. Accumulating or depositing garbage, refuse, bones, or other matter susceptible of decomposition, or which may be annoying to neighbors, or produce fetid odors, in rooms, cellars, yards, etc., is prohibited.

CHAPTER XIV.

TRANSPORTATION OF GARBAGE AND MANURE.

SEC. 373. The transportation of garbage and manure from stables within city limits is prohibited, unless it be made in special wagons built for the purpose and in accordance with the model prescribed by the sanitary board.

SEC. 374. The wagons for the transportation of manure and garbage shall be loaded inside the stables or in the yards therein, and in no case in the street. The contents shall be so transported that no fetid odors can be produced.

SEC. 375. The manure and refuse to be transported shall be so placed that no portion thereof shall fall out of the wagon.

SEC. 376. Unloading garbage, manure, or refuse at a distance of less than 1 meter from an inhabited place is prohibited. Garbage and refuse shall not be kept over twenty-four hours in stables.

SEC. 377. The construction or use of vaults or cellars for the deposit of garbage, etc., is prohibited, unless the sanitary board shall give its consent in writing on account of special reasons.

SEC. 378. The transportation by railroad of garbage or manure shall be made subject to the following requirements:

(a) The transportation shall be made in covered and inclosed wagons.

(b) The wagon must be kept closed while containing such garbage and manure, and immediately after it has been emptied it shall be mechanically washed by means of water flowing under pressure. It shall be left open until loaded again.

(c) If it is not practicable to wash the wagon upon being emptied, it shall be kept closed until it can be washed. The washing of such wagons must not be omitted before reloading the same.

(d) Wagons assigned to the transportation of garbage and manure must not be used for any other purpose whatever, and the word "Garbage" shall be printed on both sides of the wagon in types visible from afar.

(e) The operation of loading and unloading shall be made from wagon to wagon and at a distance of not less than 100 meters from inhabited places.

(f) The pavements of premises assigned exclusively to the loading and unloading of garbage must be impermeable.

(g) Loading and unloading of garbage shall be made during the nighttime.

(h) The same provisions regarding the loading and unloading shall be followed whenever garbage is to be used for fertilizing purposes.

(i) Lighters, barges, etc., assigned to the transportation of garbage, when loaded, shall not be permitted to be anchored in wharves for over twelve hours. They shall be frequently disinfected.

CHAPTER XV.

CLEANING OF PRIVIES AND CESSPOOLS.

SEC. 379. Before granting the permit for the establishment of a plant for the cleaning of cesspools and privies, the favorable report of the local sanitary board shall be necessary.

SEC. 380. Such establishments or plants shall be located outside of the town, and it shall be the duty of the owners thereof to file their names and addresses with the local sanitary board.

SEC. 381. Owners of plants for the cleaning of cesspools and privies shall send to the sanitary chief a daily report of the privies and cesspools cleaned during the previous night, stating the street and number of the house, name of its owner, his residence, number of wagons, and capacity and condition of each cesspool or privy cleaned.

SEC. 382. Partial cleaning of privies and cesspools is prohibited. If the operation of cleaning be interrupted, it shall be continued the next night. Privies and cesspools shall be duly disinfected with iron sulphate and lime twelve hours before the cleaning. They shall also be disinfected after the operation and totally emptied.

SEC. 383. When the suppression of cesspools, sinks, gutters, etc., be ordered, they shall be filled after having been cleaned and disinfected. The material to be employed in the filling shall be mixed with lime.

SEC. 384. The cleaning of cesspools and privies shall be done from 11 p. m. to 5 a. m. A green light shall be placed in the door of the house where the cleaning is being carried out.

SEC. 385. The person in charge of the cleaning of a privy or cesspool which on account of the conditions of its construction might cause accidents due to the escape of gases shall take the necessary precautions in order to prevent mishaps.

SEC. 386. In towns where the service is not made with modern apparatus, the matter extracted, after being duly disinfected, shall be placed in air-tight receptacles, which shall be transported in wagons provided with a green light to the places assigned for the purpose outside of the town limits and where such matter can not be detrimental to public health.

SEC. 387. Wagons assigned to these purposes shall not be permitted in the streets outside of the hours prescribed for the cleaning, even though they be empty. Wagons and utensils used in the operation of cleaning shall be duly disinfected and kept outside of the town.

SEC. 388. The wagons above referred to shall be of solid construction and so conveyed in the streets as to prevent the contents from leaking. The receptacles shall be tightly covered.

SEC. 389. The persons employed in the cleaning of a privy or cesspool shall, after the operation, wash, scrub, and clean all places in the house which might have been soiled on account of the operation.

SEC. 390. In case the contents of a wagon or receptacle should, on account of an accident, be poured out partially or totally, the conductors shall gather such contents at once and wash the soiled places thoroughly well.

SEC. 391. The wagons shall always be kept clean in order to prevent the emanation of fetid odors.

SEC. 392. The throwing into cesspools and privies of garbage, refuse, dead animals, decayed vegetables, or other matter foreign to the purpose for which they were constructed is prohibited.

SEC. 393. It shall be the duty of owners or tenants, as the case may be, to keep all receptacles of refuse or sewage of the house in the best condition and perfectly clean.

SEC. 394. No fecal or other filthy matter shall be thrown into rivers, harbors, bays, streams, lakes, etc.

CHAPTER XVI.

RAILROADS, STREET CARS, AND OMNIBUSES.

SEC. 395. All vehicles for the transportation of persons must be well painted, washed, cleaned, and free from insects.

SEC. 396. The throwing out of refuse, ashes, and other similar waste matter from railroads, tramways, or omnibuses within city limits is prohibited, excepting the sand usually employed between the rails and wheels of engines.

SEC. 397. All vehicles for the transportation of passengers shall have sufficient ventilation.

SEC. 398. Soiled linen or other similar material shall not be permitted in the places assigned to passengers, but only in front platforms of cars or in the tops of omnibuses.

SEC. 399. All railroad cars shall be provided with water-closets for both sexes, constructed with impermeable materials and kept perfectly clean. Omnibuses, tramways, and railway coaches shall be provided with a sufficient number of cuspidors containing a disinfecting solution and shall be cleaned every day.

SEC. 400. Stations and outbuildings thereof shall also be kept perfectly clean; the walls, doors, and windows shall be whitewashed or painted whenever necessary; there shall be a sufficient number of cuspidors containing a disinfecting solution and which shall be cleaned every day; there shall also be water-closets in perfect serviceable and clean condition.

SEC. 401. Spitting upon floors of cars and stations is prohibited. Signs with this prohibition shall be posted in cars and stations.

SEC. 402. Station yards shall be kept clean and in good condition, as well as the gutters and drains.

SEC. 403. Railroad companies shall be compelled to carry, with the passenger coaches and at the rate prescribed by the committee on railroads, a special car, the property of the Superior Sanitary Board, for the transportation of persons suffering from transmissible diseases. Said cars shall be disinfected at the expense of the sanitary board whenever used and shall be kept in one of the central stations.

CHAPTER XVII.

STREETS AND OTHER PUBLIC PLACES.

SEC. 404. No garbage, refuse, offal, filthy or fetid liquids shall be thrown upon the streets, squares, avenues, yards, etc.

SEC. 405. No other matter or liquid than rain water shall be permitted to flow out through drain pipes discharging in streets.

SEC. 406. No garbage, animal or vegetable refuse, or other matter liable to decomposition shall be used in the filling up of streets, lands, etc.

SEC. 407. Streets, squares, avenues, etc., shall be so kept as to prevent water from forming puddles thereon, and no grass shall be permitted to grow except in the places where it is necessary for ornamental purposes.

SEC. 408. It shall be the duty of tenants to keep the sidewalks and conduits in a perfectly clean condition.

SEC. 409. Personal voidances in streets, etc., shall not be permitted.

SEC. 410. In towns where there is no public service of sprinkling the streets the residents shall sprinkle the same once a day during the dry season.

SEC. 411. It shall be the duty of the contractor in charge of the service to collect the dead animals found in the streets.

SEC. 412. It shall be the duty of street sweepers to collect all refuse matter found in the streets.

SEC. 413. Shaking and beating carpets, etc., in streets is prohibited.

SEC. 414. Hitching or turning loose pigs, horses, or other animals in the streets or public places is prohibited. The owners or persons in charge of the animals shall be responsible for the violation of this article.

SEC. 415. Unloading of cattle in public places shall not be permitted until after 10 p. m. and before 5 a. m. Cattle shall be taken to their point of destination through the remotest streets of the town, and in such a manner that it shall not be dangerous to the health or life of the residents.

SEC. 416. The transit of milch cows through the streets shall not be permitted without the consent in writing of the sanitary board.

SEC. 417. Persons in charge of the cleaning of streets shall, before sweeping the same, moisten them in order to prevent the dust from scattering.

CHAPTER XVIII.

HOSPITALS, SANITARIUMS, AND INFIRMARIES.

SEC. 418. Public or private hospitals, sanitariums, infirmaries, etc., shall be established outside of towns. This prohibition shall not apply to such institutions as are already established.

SEC. 419. No hospital, sanitarium, etc., shall be built, enlarged, or removed without the advice and consent of the Superior Sanitary Board, to which the specifications, plans, etc., of the building sought to be constructed or enlarged shall be submitted.

SEC. 420. Hospitals, lazarettos, sanitariums, etc., which may be established hereafter for the isolation and attendance of persons suffering from contagious diseases shall be separated from other buildings by a distance of not less than 30 meters and shall be surrounded by trees and gardens.

SEC. 421. There shall be in every hospital, sanitarium, etc., one or more places provided with double doors and windows protected with wire gauze against the access of mosquitoes, the interior of which places shall be properly arranged for the isolation of cases of any of the following diseases: Measles, diphtheria, croup, yellow fever, scarlet fever, smallpox, Asiatic cholera, exanthematous typhus, bubonic plague, whooping cough, leprosy, puerperal fever, phylariasis, and malaria.

SEC. 422. Hospitals, etc., shall be provided with apparatus and places for disinfection.

SEC. 423. Any case of the diseases mentioned in section 421 shall be isolated immediately after its appearance, and the director of the institution shall notify the sanitary chief at once.

SEC. 424. Persons suffering from infectious diseases shall not be admitted or attended to in general hospitals. Such persons shall be removed to isolation hospitals or buildings with the necessary precautions.

SEC. 425. Hospitals, sanitariums, etc., shall disinfect frequently the wards assigned to infectious diseases.

SEC. 426. Convalescents from infectious diseases and the persons who have attended them shall be disinfected before leaving the hospital.

SEC. 427. Public or private hospitals, sanitariums, lazarettos, etc., shall be subject to inspection by the sanitary board.

SEC. 428. Sanitariums shall be established and governed in accordance with the provisions contained in the following sections.

SEC. 429. Sanitarium is an establishment, maintained by a company or person, where medical attendance is given to patients at rates agreed to by the interested parties.

SEC. 430. Buildings used for sanitariums must have good conditions of height, sufficient ventilation and capacity, and shall be located in dry places, far from streams, lakes, swamps, and deposits for organic substances in state of decomposition.

SEC. 431. Companies or persons owning this kind of establishments must keep them constantly and perfectly clean, beautify them as much as possible, and provide them with all necessary requirements for the best attendance and comfort of patients. Said establishments shall also be provided with one water-closet, one washstand, and one bathroom for every 20 persons, and shall have gardens and yards.

SEC. 432. No license shall be granted for the establishment of a sanitarium without the favorable report of the local sanitary board, duly approved by the Superior Sanitary Board. Said report shall be made upon the sanitary conditions of the building, its construction, capacity, and other particulars which the board may deem proper to insert. The municipal architect shall report upon the conditions of solidity, etc., of the building.

SEC. 433. Together with the application for such license plans and specifications of the building shall be filed, stating in detail the number of bathrooms, water-closets, wells, water supply, etc., sought to be installed. A copy of the regulations for the management of the sanitarium shall also be filed with the application, where the kind of professional services sought to be rendered and rates to be charged for the same shall be stated.

SEC. 434. The application shall be filed with the alcalde, who shall forward it to the local sanitary board for its report. After the local sanitary board shall have submitted its report the municipal architect shall make a report upon the conditions of safety of the building. Both reports must be favorable and approved by the Superior Sanitary Board.

SEC. 435. The regulations for the management of a sanitarium after being approved shall be printed, and the manager of the institution shall distribute copies thereof to the interested persons.

SEC. 436. All sanitariums shall be provided with a sufficient number of boarding physicians, nurses, and attendants. The nurses must be graduates of the University of Habana. A period of three years from the date of the enactment of these ordinances is granted for the compliance of this requirement.

SEC. 437. There shall be in each sanitarium one attending physician for every twenty patients, and three boarding physicians for every two hundred patients, in order that the service be efficient.

SEC. 438. Pharmacies of sanitariums shall be placed in charge of professional pharmacists.

SEC. 439. Directors of sanitariums shall send a daily report to the local sanitary board of the cases of contagious diseases admitted therein, as well as of the patients discharged or dead. For the purposes of section 423, a daily record shall be kept where the date of admittance, disharge, and attendance of patients, and the diagnosis of the disease in each case shall be registered. Said record shall be inspected by the local sanitary chief, or his deputy, whenever he shall deem it necessary.

SEC. 440. Every sanitarium shall be provided with two independent pavilions for the isolation of infectious diseases, one of which pavilions shall be assigned to diseases transmissible by mosquitoes, and the other to those transmissible by contagion.

SEC. 441. The first of said pavilions shall be provided with doors and windows protected with wire gauze against the access of mosquitoes. The door of said pavilion shall be double.

SEC. 442. The pavilion for diseases transmissible by contagion shall be divided into two or more wards for the different diseases and to prevent the infection by a patient of a disease different from that with which he may be affected.

SEC. 443. The wards shall be divided into small rooms, in each of which not more than two beds shall be allowed.

There shall be, besides, one pavilion or special ward for persons suffering from tuberculosis, said pavilion to be at a sufficient distance from the rest of the patients and provided with all the necessary precautions to prevent the spread of said disease.

SEC. 444. Nurses and attendants in wards of contagious diseases shall by no means come in contact with the rest of the personnel of the institution.

SEC. 445. Physicians, nurses, and attendants in said wards shall wear wrappers, the collars and cuffs of which must be perfectly adjustable; they shall take off said wrappers before leaving the wards.

SEC. 446. The excreta from patients must be duly disinfected. The vessels, bed clothing, and other articles which might have come in contact with patients shall also be disinfected. Every patient, as soon as he is admitted in a sanitarium, shall deliver his clothing for its disinfection, and must wear the clothing assigned to him.

SEC. 447. Sanitary plumbing of sanitariums in towns where there are sewer and water systems shall be installed in accordance with the provisions contained in these ordinances.

SEC. 448. Sanitariums in towns where there is no sewer system shall be provided with a sufficient number of cesspools, the bottom and walls of which shall be cemented and which shall have other requirements which the local sanitary board may prescribe.

SEC. 449. Cesspools shall be located as far as possible from the building occupied by the patients, and shall be disinfected daily with crude petroleum and a solution of iron sulphate.

SEC. 450. Patients who, on account of their condition of health, are not able to go in person to the water-closet, may make their evacuations in porcelain vessels which shall be provided with lids, and be taken out of the wards and disinfected immediately after they have been used.

SEC. 451. There shall be in every sanitarium an isolated place where cadavers shall be deposited until their burial. Said place must be disinfected whenever it shall have been occupied by a cadaver.

SEC. 452. The sanitariums shall be inspected by the local sanitary board, and the sanitary chief or his deputy.

SEC. 453. Sanitariums established without the prescribed provisions shall be immediately closed, and the responsible person shall be punished accordingly.

SEC. 454. Hospitals, sanitariums, etc., shall furnish the local sanitary board such data from their private statistics and such other information as it may require.

SEC. 455. The provisions prescribed for sanitariums shall be equally applicable to hospitals, infirmaries, etc.

CHAPTER XIX.

ANIMALS AND LIVE STOCK.

SEC. 456. No animal affected with a disease transmissible to mankind, or which shall have been in contact with other animals suffering from contagious diseases, shall be brought or kept in a town. The owner or person in charge of animals, and all veterinarians must notify the local sanitary chief of all cases coming under their observation.

SEC. 457. Animals suffering from contagious diseases shall be isolated in the places designated by the local sanitary board.

The appearance in the Province of Habana of a case of glanders or bovine tuberculosis shall be reported to the committee created by order 66, series of 1901, for the adoption of the measures therein prescribed. In other provinces the provisions of these ordinances shall be followed.

SEC. 458. Stables, yards, corrals, etc., where any diseased animals may have been, must not be used again until they have been thoroughly disinfected, and the consent of the local sanitary board secured for the purpose.

SEC. 459. The owner, person in charge, or veterinarian who shall notice in an animal symptoms of glanders or scrofula shall notify the case to the sanitary chief immediately.

SEC. 460. Diseased or ill-treated animals found in the streets or other public places shall be immediately taken by the police to the place assigned for the purpose.

SEC. 461. The transportation of animals suffering from transmissible diseases, or of cadavers thereof, shall be so made that it shall not constitute a danger to public health. Wagons assigned to said transportation must be covered and inclosed and disinfected immediately after being used.

SEC. 462. The burial of dead animals within the city limits is prohibited; they shall be transported before becoming decomposed to the place designated for their interment or cremation as the case may be.

SEC. 463. Dogs shall not be permitted loose in the streets, if without muzzles. Dogs found otherwise shall be seized by the municipal employees in charge of the service, and who shall take them to the respective pound.

SEC. 464. Whenever a person shall have been bitten by a dog or other animal, the local sanitary chief shall be notified, which officer shall cause the animal to be placed under observation, and if it turns out to be hydrophobic he shall direct the measures which he may deem proper.

SEC. 465. Animals suspected of hydrophobia shall be captured and isolated, and the fact shall be reported to the sanitary chief.

SEC. 466. Kennels must be kept perfectly clean always, and must be provided with drinking water.

SEC. 467. Domestic animals must be kept clean always as well as the places assigned to them.

SEC. 468. Breeding or fattening live stock of any kind in dung yards, muck hills, or other places where animal and other refuse is deposited is prohibited.

SEC. 469. The removal of diseased animals from one district to another, or from one place to another in the same district, where persons or animals may be infected thereby, is prohibited.

SEC. 470. As soon as the local sanitary chief or the cattle owners have knowledge of the appearance of a case of epidemic disease (such as rinderpest) among live stock, they shall report the fact immediately to the superior sanitary chief, who shall at once enforce the measures prescribed in the circular of the secretary of the interior, in regard to rinderpest, of February 17, 1903, published in the Official Gazette of the 19th of the same month and year, the provisions of which are hereby ratified and confirmed.

SEC. 471. Parts of animals dead of infectious diseases must not be availed for any purposes whatever.

SEC. 472. Animals dead of infectious diseases must be completely cremated, and those dead of other diseases may be buried.

SEC. 473. No hospital or stables for animals affected with diseases transmissible to mankind shall be permitted within the limits of any municipality.

CHAPTER XX.

COUNTRY OR RURAL SANITATION.

SEC. 474. Country residences shall be constructed far from swamps and swampy lands; high and dry lands must be selected for such residences.

SEC. 475. Owners of country houses shall fill and drain the swamps and puddles which may exist therein, and if it can not be done on account of the expense, they shall pour into the same sufficient quantities of petroleum every two weeks in order to prevent the procreation of mosquitoes.

SEC. 476. Country houses must have, as much as possible, similar sanitary conditions to those of other houses.

SEC. 477. The crops shall not be deposited in dwelling places, and the keeping of domestic or other animals therein shall not be permitted.

SEC. 478. Stables, pigpens, poultry yards, and other places where animals are kept must be separated from dwelling places and must be kept clean always.

SEC. 479. Muck hills and cesspools must be situated in the remotest places from dwellings, wells, cisterns, streams, and rivers.

CHAPTER XXI.

TRANSMISSIBLE DISEASES.

SEC. 480. It shall be compulsory for physicians to report to the local sanitary chief all cases of any of the following diseases:

Actinomycosis, anquilostomiasis, or unnicariasis, beriberi, gangrenous tumors, Asiatic cholera, cholera nostras, *diphtheria and croup, epidemic dysentery,* enteritis (any kind), *erysipelas, scarlet fever, yellow fever, Malta fever,* miliary fever, *typhoid fever, phylariasis, grippe, leprosy, epidemic cerebro-spinal meningitis, glanders, pneumonia, granulous and purulent ophthalmia, malaria* (all kinds), *mumps (epidemic parotiditis), bubonic plague,* rabies, *measles, puerperal septicemia* and other puerperal diseases, tetanus neonatorum, *exanthematic typhus, favus, whooping cough, tuberculosis* (all kinds), *varicella,* and *smallpox.*

The report of suspected cases of quarantinable diseases is also compulsory.

For the purposes of these ordinances, *transmissible* diseases are those printed in italic in the preceding list, and quarantinable diseases are bubonic plague, Asiatic cholera, exanthematic typhus, smallpox, yellow fever, and leprosy.

The provisions of this section are applicable to private as well as to official and municipal physicians.

SEC. 481. When there be doubt as to the diagnosis, the physicians shall send to the local sanitary board samples of the sputum, blood, excreta, etc., for the purpose of ascertaining the nature of the disease. The local sanitary board shall promptly consider all consultations submitted to it, and its decision shall at once be notified to the physician.

SEC. 482. Physicians shall inform the local sanitary board whether there are any children in the house where a case of transmissible disease has occurred. The same information shall be given to the principal of the school attended by said children.

SEC. 483. The local sanitary chief shall send a report to the superior sanitary chief of all cases of yellow fever, smallpox, bubonic plague, and Asiatic cholera which shall have been reported to them.

SEC. 484. The Superior Sanitary Board is hereby authorized to add the names of other diseases to the list contained in section 480, giving due publication to such additions as it may make for the information of all concerned.

SEC. 485. The report prescribed in section 480 shall be made in writing within twenty-four hours after the first visit or consultation, or immediately after if the case be, suspected or confirmed, of Asiatic cholera, yellow fever, scarlet fever, measles, bubonic plague, diphtheria or croup, glanders, or tetanus neonatorum. Said report shall be made on printed blank forms furnished by the sanitary board.

SEC. 486. Physicians attending or visiting cases of transmissible diseases shall send to the local sanitary chief a certificate of the result of each case.

SEC. 487. The attention of physicians is particularly brought to the fact that they must report all cases of tuberculosis attended by them, even if such cases may have been attended previously by other physicians.

SEC. 488. It shall be the duty of persons affected with tuberculosis, as well as of their relatives and attendants, and of private and public institutions, to comply with and enforce all regulations and measures prescribed, in order to prevent the spread of the disease.

SEC. 489. When two or more physicians have visited in consultation a case of transmissible disease, the one taking charge of the attendance, or, if none of them take charge of it, the one who shall have visited or examined the patient first, shall report the case.

SEC. 490. Physicians shall likewise report all cases of transmissible diseases the patients of which go to their offices in consultation, stating this fact in the report, as well as the name, residence, etc., of the patient.

SEC. 491. Owners or managers of boarding houses, hotels, lodging houses, colleges, factories, and other places where many persons dwell or sleep shall also report to the sanitary chief within twenty-four hours, all cases of any of the diseases mentioned in section 480 which may occur in their respective establishments.

SEC. 492. The sanitary chief, the medical health inspector, or the committee on infectious diseases shall have the right to visit any case, suspected or confirmed, of transmissible disease.

SEC. 493. Directors of hospitals, sanitariums, etc., shall state in their reports the residence of the patient or the place where it be supposed he contracted the disease.

SEC. 494. Any person having knowledge of the existence of a case of transmissible disease, or of a death caused therefrom, without medical attendance, must report the same to the sanitary chief.

SEC. 495. Any physician attending a case of transmissible disease shall advise the head of the family, or the person in charge thereof, as to what measures should be taken to prevent contagion and the spread of the disease.

SEC. 496. All cases of diseases easily transmitted shall be isolated upon order of the sanitary chief, either in the patient's house, if there be efficient means for the isolation, or in hospital, lazaretto, or other isolated place.

SEC. 497. According to the nature of the disease, the isolation may include the entire house inhabited by the patient. The sanitary chief may, at his discretion, order the isolation of all or some of the persons residing in said house, or of the persons coming in contact with the patient. Such persons shall be subject, after the isolation, to the observation requirements which the sanitary chief may prescribe.

SEC. 498. Flags and placards shall be placed in a conspicuous position or positions upon houses where there are cases of cholera, yellow fever, bubonic plague, exanthematic typhus, smallpox, scarlet fever, and diphtheria or croup. It shall be unlawful to hinder or obstruct the placing of said flags or placards, or, when placed, to deface, obliterate, or in any manner conceal the same.

SEC. 499. The attendance of persons suffering from cholera, yellow fever, typhus, typhoid fever, smallpox, scarlet fever, measles, or diphtheria shall not be permitted in colleges, hotels, boarding houses, factories, workshops, barracks, prisons, and other places where a large number of persons dwell or gather, except when such places are provided with a suitable location for the isolation of transmissible diseases, the conditions of which are satisfactory to the sanitary chief.

SEC. 500. Every municipality shall be provided with a special hospital or lazaretto properly fitted for the isolation of cases of transmissible diseases.

SEC. 501. Physicians, nurses, and other persons attending patients of transmissible diseases must not come in contact with other persons unless they have previously disinfected themselves in the manner prescribed by the local sanitary board.

SEC. 502. When the circumstances of the case shall so demand it, a sanitary watchman shall be stationed in houses the isolation of which may have been ordered for the purposes of securing compliance with these ordinances. The persons in charge of such buildings shall be held responsible for the violations committed by the personnel under them.

SEC. 503. Persons escaping vigilance or breaking the isolation shall be punished accordingly.

SEC. 504. No person shall, without the written consent of the local sanitary chief, carry or remove, or cause to be carried or removed, from place to place any person suffering from any transmissible disease. No person shall expose himself while suffering from any transmissible disease. This prohibition includes nurses and other persons who have been exposed to such disease, until they have secured the consent of the local sanitary chief, who, before granting it, shall cause all necessary precautions to prevent contagion to be taken.

SEC. 505. The transportation of persons suffering from transmissible diseases shall be effected in suitable ambulances, which must be disinfected after having been used. In towns where there be no such vehicles the transportation may be made in carriages, which must also be disinfected in the manner prescribed by the local sanitary chief. The owners or conductors of said carriages, as the case may be, shall be held responsible for the noncompliance with this provision.

SEC. 506. It shall be unlawful to carry or transport in tramways or omnibuses persons suffering from transmissible diseases. Such transportation may be made in railroad cars, provided they are properly fitted for it and isolated. The consent of the local sanitary chief, approved by the superior sanitary chief, must be previously secured therefor. Cars used in the transportation aforementioned must be thoroughly disinfected before being used again. Persons violating the provisions of this section shall be punished accordingly.

SEC. 507. Bacteriologically confirmed cases of leprosy which are not properly isolated and cared for shall be confined in the San Lazaro Hospital of Habana or of Santa Clara, in accordance with the provisions relating thereto.

SEC. 508. Any physician attending on or visiting a case of transmissible disease shall send to the local sanitary chief a certificate signed by him certifying to the recovery of case as soon as he becomes aware of such recovery. No person who has suffered from any transmissible disease shall be permitted to go out until he shall have secured an official certificate of recovery.

SEC. 509. Children suffering from transmissible diseases, or children living in houses where cases of such diseases exist, shall not be admitted in schools, colleges, workshops, etc. This prohibition includes laborers or employees therein. Teachers and foremen shall report to the sanitary chief any case of transmissible disease which they may notice. Parents, guardians, teachers, and foremen shall be held responsible for the violations of this section.

SEC. 510. The person in charge of the house in which there is a case of transmissible disease must strictly comply with the special instructions given him by the sanitary chief in regard to the patient, his room, etc.

SEC. 511. No house, room, etc., in which a case of transmissible disease has been shall be used again until properly disinfected.

SEC. 512. Local sanitary chiefs shall notify the superior sanitary chief as soon as they become aware of the appearance of any case of acute quarantinable disease (yellow fever, Asiatic cholera, smallpox, bubonic plague, exanthematic typhus) and shall immediately enforce the necessary preventive measures.

SEC. 513. Besides the enforcement of the provisions of these ordinances, in regard to transmissible diseases, the local sanitary board shall, as soon as it shall become aware of the appearance in its locality of any case of quarantinable disease (yellow fever, bubonic plague, smallpox, Asiatic cholera, exanthematic typhus), secure the strict compliance of the preventive measures prescribed by the Superior Sanitary Board in each case, such as the isolation of cases, and, if practicable, it shall order the removal of the patients to a place properly fitted for the absolute isolation and suitable attendance. If the focuses of any of such diseases be several, it shall secure the isolation of the cases in places distant from the inhabited parts of the town. It shall request the competent authorities to order the closure of schools, theaters, etc., and to prohibit sick persons, or persons suspected of being sick, from going out of the town.

The local sanitary board shall send to the Superior Sanitary Board a daily report of all measures prescribed by it, as well as of the necessities which require prompt attention.

The official announcement of the existence of an epidemic in any place of the Republic shall be made only by the Chief Executive after hearing the superior sanitary chief.

SEC. 514. The local sanitary boards of other municipalities shall exercise the greatest care in watching over the means of communication with the municipality where an epidemic prevails, disinfecting everything that comes therefrom, and exercising a careful inspection over persons coming also therefrom. If the enforcement of more vigorous measures be necessary, the question shall be submitted to the Superior Board.

SEC. 515. While an epidemic prevails the local sanitary board shall order the disinfection of all premises where cases of the disease have occurred.

SEC. 516. All articles in use in the room or rooms of persons suffering from transmissible diseases shall be disinfected, as well as all other articles which have been exposed to infection, and school books and supplies to be taken by children to the school.

SEC. 517. Clothing used by such sick persons must not be taken to laundries unless the same have been previously disinfected and the consent of the sanitary chief therefor been secured. The same prohibition is applicable to furniture, utensils, and other articles from an infected house.

SEC. 518. It shall be the duty of the person in charge of an infected house to carry out, within the time prescribed by the sanitary board, the works or measures which at the discretion of the latter are necessary for the suppression of the unhealthful conditions of the premises.

SEC. 519. The sanitary board may order the dislodging of any house considered as a focus of infection, or which constitutes a danger to public health. Said house shall not be occupied again until all danger of infection shall have been removed.

SEC. 520. It shall be unlawful to spread, propagate, or circulate false reports or rumors as to the appearance of any transmissible disease in any part of the Republic.

SEC. 521. All measures prescribed in accordance with the provisions of this chapter shall be immediately enforced, and if appeals be taken therefrom, such appeals shall be admitted without suspending the operation of said measures.

CHAPTER XXII.

INHUMATIONS, CEMETERIES, UNDERTAKERS, AND EXHUMATIONS.

SEC. 522. Burials shall only be made upon written order from the respective court, which, before issuing the same, shall require the presentation of the medical death certificate.

SEC. 523. Death certificates shall be made in duplicate, in forms prescribed and furnished by the Superior Board of Health. The use of Bertillon's International Terminology shall be compulsory. The respective municipal court shall keep one of the copies of the certificate and send the other one to the Superior Board of Health within five days.

SEC. 524. As soon as a cadaver begins to decompose, it shall be inclosed in the casket.

SEC. 525. Bodies of persons who have died of any contagious disease shall be kept enveloped in sheets saturated with the antiseptic solutions prescribed by the sanitary board, and shall be inclosed in their respective caskets as soon as possible.

SEC. 526. No persons shall gather in a house in which there is a cadaver, and, when it has been carried away, until the house has been disinfected.

SEC. 527. Cadavers shall be conveyed to the cemetery in hermetically closed caskets, in order to prevent the escape of gases or liquids; the transportation shall be made by persons or in hearses; no other kind of vehicles shall be permitted unless it be necessary and the local sanitary chief authorizes it.

The caskets for cadavers to be buried in the ground must be made of wood in order to facilitate the organic decomposition.

SEC. 528. The conveyance of cadavers of persons who have died from transmissible diseases shall not be effected by persons; such cadavers shall not be conveyed to churches or other public places, and no children shall be permitted to attend the funerals of such cadavers. If the case be of a quarantinable disease no other person but strictly necessary for the conveyance shall be allowed.

SEC. 529. The conveyance of cadavers in open caskets is prohibited.

SEC. 530. The burial of a cadaver shall be made twenty-four or thirty hours after the death has occurred and the cadaver begins to decompose, unless it be properly embalmed, and the consent in writing of the local sanitary chief to defer, for several hours only, the number of which shall be stated in the permit, the burial or removal thereof to the deposit of the cemetery, be secured.

Cadavers deposited in the morgue or other place by judicial order are excepted from this provision.

SEC. 531. Cadavers of persons who have died from smallpox, diphtheria or croup, scarlet fever, bubonic plague, Asiatic cholera, or leprosy, shall be conveyed to the cemetery within twelve hours after the death has occurred, unless they be embalmed and the consent in writing from the local sanitary chief, in the manner prescribed in the preceding section, be secured.

SEC. 532. The burial of a cadaver within the city limits, or outside of the cemeteries authorized by law, is prohibited. Not only the persons intervening in the interment shall be held responsible for the violation of this section, but also those present thereon who shall not notify the fact to the authorities immediately.

SEC. 533. Cadavers of persons who have died in hospitals, sanitariums, lazarettos, etc., of exanthematic typhus, smallpox, scarlet fever, diphtheria, Asiatic cholera, bubonic plague, or leprosy, shall be removed to the cemetery directly.

SEC. 534. No casket shall be used more than once. Caskets used in hospitals and anatomical amphitheaters excepted, provided they are metallic boxes and thoroughly disinfected whenever used.

SEC. 535. No refrigerator or ice box for cadavers which model shall not have been approved by the sanitary board shall be permitted.

SEC. 536. The use of curtains, tapestry, and carpets shall not be permitted in places where cadavers are exposed.

SEC. 537. The construction of new cemeteries shall be subject to the following rules:

(1) No new cemetery shall be laid out at a distance of less than 1,000 meters from the boundaries of an important municipality; or of less than 500 meters from the boundaries of towns of lesser importance; or of less than 200 meters from remote villages, highways, or roads. The probable extension of the town or village toward the site sought for such construction must also be taken into consideration.

(2) No new cemetery shall be laid out at a distance of less than 200 meters from springs, cisterns, wells, fountains, or aqueducts containing or carrying water for drinking purposes.

(3) A high location, slightly sloping, situated leeward of the town, and which ground can be easily dug to a depth of 2 meters, permeable to air and water for the purposes of organic decomposition, shall be selected for site of a new cemetery.

(4) The area of the site must be in proportion with the number of inhabitants of the town, its probable increase, its morbility, and the expiration of the lease of each grave, which shall be for the term of five years, at least; such proportion shall be estimated allowing 3 square meters for each grave, and taking into consideration the space necessary for passages, buildings, deposits, monuments, parks, trees, etc.

(5) Cemeteries must be inclosed with good and sufficient walls and fences not more than 2 meters high, so that the free circulation of the air, or the action of the sun, shall not in any way be obstructed.

(6) The construction of niches is probibited. The ground of vaults or graves must be earthen and perfectly permeable.

(7) There shall be in every cemetery a special room for the deposit of cadavers and another one for autopsies, properly provided with water, tables, washstands, etc.

(8) Other sanitary requirements to which the interior management of cemeteries must be subject shall be specified in special regulations.

The enlargement or alteration of cemeteries existing at the time of the passage of these ordinances shall be made in accordance with the foregoing provisions in so far as they are applicable.

The advice of the local sanitary board and the Superior Board shall be necessary for the establishment of country cemeteries.

SEC. 538. The following requirements shall be specified in the special regulations for cemeteries:

(1) Size of and minimum distance between graves, which shall be as follows: Depth for all graves, 2 meters; length, for cadavers of adults, 2 meters; width, 85 centimeters; distance in all directions, 40 centimeters; for cadavers of children, the length and width may be reduced in proportion with the age of each cadaver.

(2) The layer of compressed earth covering the grave shall be 1½ meters thick; the cadaver shall be covered before with a layer of lime 2 or 3 centimeters thick.

(3) The burial of cadavers in ditches shall be prohibited.

(4) The advice of the local sanitary board shall be necessary for the opening or removal of graves, etc., the deposit of remains in ossariums, the partial or total cleaning of closed cemeteries, and the removal therefrom of remains to other cemeteries.

(5) Approval of the special regulations by the Superior Sanitary Board, upon report of the local board of the respective municipality.

SEC. 539. Every cemetery shall have an isolated place suitable for the cremation of coffins, shrouds, and other articles collected from disinterments.

SEC. 540. No. beverages, candies, and other food products shall be sold or offered for sale, or kept in cemeteries.

SEC. 541. Hearses which have been used in the transportation of cadavers of persons who have died of exanthematic typhus, typhoid fever, smallpox, measles, scarlet fever, diphtheria or croup, Asiatic cholera, bubonic plague, erysipelas, puerperal fever, tuberculosis, or glanders shall be disinfected by the undertaker in the cemetery immediately after being used, in the manner prescribed by the sanitary board.

SEC. 542. Private carriages which have been used in the transportation of cadavers shall be likewise disinfected by the respective owners.

SEC. 543. It shall be the duty of undertakers to register their names, residences, etc., in a record kept for the purpose by the local sanitary board.

SEC. 544. Persons desiring to open an undertaking establishment, or to engage in the practice of undertaking, must provide themselves with the necessary license. The sanitary board shall issue such license if the applicant furnishes satisfactory proof that he is acquainted with the methods of disinfection in general, and the handling of cadavers of persons who have died of transmissible diseases.

SEC. 545. It shall be the duty of undertakers to send to the local sanitary board a weekly report of all burials effected by them during the week.

SEC. 546. No disinterments shall be made within two years after the burial, except upon a judicial order, or when the cadaver has been embalmed.

SEC. 547. No disinterment shall be made without the written consent of the local sanitary board, where it shall be stated that such disinterment will not constitute a danger to public health.

SEC. 548. Disinterments shall be made in the presence of a physician authorized by the sanitary board to represent it; said physician shall take the greatest precautions to prevent any danger to public health, ordering the disinfection of the grave, the coffin, and the cadaver or its remains.

SEC. 549. In no case shall a grave be opened in which has been buried the body of any person who has died of bubonic plague, Asiatic cholera, diphtheria, smallpox, scarlet fever, leprosy, or glanders, within five years after the burial. The consent of the local sanitary board shall be necessary therefor.

CHAPTER XXIII.

AUTOPSIES, EMBALMINGS, ETC.

SEC. 550. No autopsy shall be performed outside of hospitals, morgues, cemeteries, and medical schools. No autopsy shall be made within twelve hours after the death. It shall be unlawful to embalm, mummify, or petrify any cadaver within twelve hours after the death.

It is likewise prohibited to mold the face, neck, or any part of a cadaver within twelve hours after the death and without the consent of the local sanitary chief. Such operation shall never be permitted in cadavers of persons who have died of smallpox, measles, scarlet fever, bubonic plague, or leprosy.

SEC. 551. The following requirements shall be necessary for the carrying out of any of the operations referred to in the preceding section: (a) The consent of relatives of the deceased person, (b) the death certificate, and (c) the presence of the local sanitary chief or of a physician authorized by him to represent him. The presence of this officer shall not be necessary in autopsies.

SEC. 552. The local sanitary board may order the carrying out of any of such operations whenever the interests of public health shall so demand it.

SEC. 553. The operations above referred to must be performed by professors of surgery or medicine exclusively.

SEC. 554. The local sanitary chief, his deputy, or the professors performing the operation shall draw up and execute a certificate, to be signed by him or them and two witnesses, in which the contents of the death certificate, the hour and day of the operation, the process employed for the embalming, mummifying, etc., and the composition of the liquids injected into the cadaver, or used otherwise, shall be stated.

SEC. 555. The death certificate and the certificate referred to in the preceding section shall be sent by the local sanitary chief to the Superior Sanitary Board, in which office the same shall be filed.

SEC. 556. No embalmed cadaver shall be deposited in a house or church for more than twenty-four hours after it has been embalmed, except with the consent of the local sanitary chief. During said time the cadaver shall be under the custody of the physician who witnessed the operation of embalming.

SEC. 557. The provisions of this chapter may be suspended or amended by the health authorities in time of epidemic.

CHAPTER XXIV.

CONVEYANCE OF CADAVERS.

SEC. 558. No cadaver of a person who has died of smallpox or bubonic plague shall be conveyed from one municipality, town, or province to another.

SEC. 559. The conveyance of cadavers of persons who have died from typhoid fever, tuberculosis, Asiatic cholera, yellow fever, exanthematic typhus, diphtheria or croup, scarlet fever, measles, erysipelas, puerperal fever, glanders, anthrax, or leprosy shall only be permitted after such cadavers have been prepared therefor and disinfected in the following manner: (a) Arterial and capilliary injection of an efficient antiseptic solution, (b) disinfection and tamponage with absorbent cotton of all orifices, and (c) exterior washing of the body. These operations shall be performed by a physician and with the consent of the local sanitary chief.

SEC. 560. After the cadaver has been disinfected in the manner prescribed in the preceding section it shall be enveloped, first, in a cotton coating three centimeters thick, and then with a sheet perfectly adjusted; then it shall be placed on a case made of zinc, tin,

copper, or iron, and which shall be hermetically sealed. This case shall be inclosed in a wooden box.

SEC. 561. Cadavers of persons who have died from diseases different from those mentioned in the preceding sections may be conveyed to places that can be reached within thirty hours after the death. Such cadavers shall be inclosed in hermetically sealed metallic cases, which shall be placed in wooden boxes. If the place of destination can not be reached within the time prescribed, the same requirements prescribed in the preceding section shall be followed.

SEC. 562. No person who has been exposed to infection shall be permitted to attend the funeral of the cadaver of a person who has died of any of the diseases mentioned in section 559, except with the consent of the sanitary chief certifying that said person has been properly disinfected.

Station masters shall carefully examine the permit for the conveyance of the cadaver, in which the names of the person in charge of the conveyance, and of those authorized to attend the funeral shall be stated.

SEC. 563. The local sanitary chief shall notify, by telegram, the local chief of the place where the cadaver is to be conveyed, stating in the notice the name of the disease, the date, hour, train, or steamer by which it is sent, and the station or wharf at which it shall arrive.

SEC. 564. Every cadaver transported must be accompanied by a person who shall carry with him the permit from the local sanitary chief, and of a copy of the death certificate. It shall be stated in said permit whether the disease is transmissible or not, the place of destination, and the names of the persons authorized to attend the funeral.

SEC. 565. A certificate from the embalmer as to the manner in which the cadaver has been prepared for the transportation shall also be necessary. A copy of this certificate shall be attached to the exterior case.

SEC. 566. The permit for the conveyance of a cadaver shall be made in duplicate and shall be signed by the attending physician, the local sanitary chief, and the embalmer. One of the copies shall be delivered to the person in charge of the cadaver and the other shall be sent to the superior sanitary chief.

SEC. 567. The exterior case shall be provided with four handles, at least.

SEC. 568. The transportation of cadavers by express shall be made in accordance with the provisions of sections 559, 560, 561, 563, 564, 566, and 567. The documents mentioned in said sections shall be sent to the agent in the place of destination.

SEC. 569. Disinterred cadavers, whatever the cause of death may have been, shall be considered as infectious and dangerous to public health; the consent of the Superior Board of Health and the favorable report of the local sanitary board shall be necessary for the removal thereof.

Such cadavers, or parts thereof, or the boxes containing them, shall be enveloped in a woolen blanket saturated with a solution of hydrargyric bychloride at 1 per 1000 and inclosed in a metallic case which shall be hermetically sealed.

SEC. 570. Cadavers which have been embalmed and prepared in the manner prescribed, and which have been temporarily deposited in a vault, shall not be considered as disinterred if the transportation be made within thirty days after the death, and it shall not be necessary to secure the permit of the local sanitary chief of the place of destination.

CHAPTER XXV.

BARBER SHOPS.

SEC. 571. Metallic instruments used in barber shops, such as razors, combs, scissors, as well as shaving brushes, immediately after being used shall be sterilized by being immersed in boiling water, which shall be changed every time, and to which 50 grams of carbonate of sodium shall be added.

SEC. 572. Only metallic combs and razors with metallic handles shall be used, so that the same may be properly disinfected.

SEC. 573. The strop must not be used until the razor has been previously disinfected. The razor must be cleansed with a new piece of paper whenever used, or with a rubber devise which must be disinfected in the same manner as other utensils.

SEC. 574. The use of powder puffs and sponges is prohibited; cotton, to be renewed every time, shall be substituted therefor. No alum or other material shall be used to stop the flow of blood unless the same be used in powder or liquid form.

SEC. 575. No barber shall permit any person to use the head rest of any barber's chair under his control until after the head rest has been covered with a towel that has been washed since having been used before, or by clean, new paper.

SEC. 576. Every barber shall cleanse his hands thoroughly with brush and soap immediately before serving each customer. No barber shall use for the service of a customer any towel or wash cloth that has not been boiled or laundered since last used.

SEC. 577. No person suffering from a communicable disease shall be permitted to act as barber. No services shall be rendered to persons suffering from a similar disease, unless such persons be provided with their own utensils.

SEC. 578. Every manager of a barber shop shall keep said shop and all furniture, tools, appliances, and other equipments used therein at all times in a cleanly condition.

SEC. 579. The owner or manager of any barber shop shall keep a copy of the sections of this chapter, and other provisions of law concerning the trade, to be furnished by the local sanitary board, posted in a conspicuous place of said shop.

CHAPTER XXVI.

PUBLIC BATH HOUSES.

SEC. 580. The favorable report of the local sanitary board shall be necessary for the establishment of a public bath house; said report shall be rendered after due consideration has been given to the plans and specifications, etc., of the establishment.

Minero-medicinal bath houses shall be governed by special regulations.

SEC. 581. Every public bath house shall be provided with water-closets and urinals in sufficient number.

SEC. 582. The bath tubs must be made of marble, porcelain, or enameled iron, with direct outlets to the general sewer.

SEC. 583. The pavements of each bathroom shall be kept in a cleanly condition, and must be dried before any person is permitted to use it again.

SEC. 584. Every bathroom shall be provided with windows, electric bells, and doors which can be easily opened in case of an accident.

SEC. 585. Every swimming pool must be provided with ropes, cables, etc., for the safety of bathers; the water therein must be constantly renewed; children under ten years of age, unless accompanied by a person to take care of them, shall not be permitted to bathe therein.

Water that has been used once in swimming pools, bath tubs, etc., must not be utilized again.

SEC. 586. Clothing, towels, wash cloths, etc., must not be used for the service of any customer unless the same has been laundered since last used, and must be sterilized when so ordered by the local sanitary chief.

SEC. 587. Every therapeutic bathing establishment shall be under the management of a physician.

SEC. 588. No person suffering from a communicable disease shall be admitted in a public bath house, and if this prohibition be violated, said public bath house shall be immediately disinfected, irrespective of the penalty provided for such violation.

SEC. 589. No public bath house shall be used for dwelling purposes, nor rooms therein shall be rented, without the special consent in writing of the local sanitary board.

SEC. 590. A copy of this chapter, to be furnished by the local sanitary board, shall be posted in a conspicuous place of every bath house, for the information and guidance of all concerned.

CHAPTER XXVII.

GENERAL PROVISIONS.

SEC. 591. Owners of uncultivated lands within city limits must keep the same in a cleanly condition and free from excavations, and shall prevent the deposit therein of garbage or any other matter detrimental to public health.

Depositing or spreading garbage or other organic matter for fertilization purposes in yards or uncultivated lands in towns is prohibited.

Breaking up new ground within city limits may be permitted, provided that no garbage or other filthy matter be employed for fertilization purposes.

SEC. 592. Spitting or expectorating on sidewalks, in parks, squares, public buildings, railroad cars, tramways, steamers, public vehicles, etc., is prohibited.

It shall be likewise unlawful to spit or expectorate on the pavements or walls of places where it is compulsory to keep cuspidors.

SEC. 593. Every industrial establishment, factory, hospital, asylum, church, school, prison, public and private office, café, public house, etc., shall be properly provided with cuspidors, of the model prescribed by the local sanitary board.

SEC. 594. Notices forbidding such expectorating or spitting shall be kept posted conspicuously in each and every one of the places mentioned in the two preceding sections.

SEC. 595. The police force and the owners, managers, and employees shall enforce the foregoing provisions; they shall notify the sanitary chief of any violation they may observe, giving the name and address of the violator.

SEC. 596. Cuspidors shall be cleansed every day, and must contain water or an antiseptic solution. In public places designated by the local sanitary board, cuspidors shall be affixed to walls at a sufficient height.

SEC. 597. Cafés and other similar places must be kept in a cleanly condition always.

SEC. 598. Pavements of cafés, bars, hotels, restaurants, and other public places must not be covered with sawdust, except in rainy days.

SEC. 599. Pavements of public places must be washed and scrubbed every day.

SEC. 600. Door mats and foot scrapers must be placed at the entrance of every public place during rainy days.

SEC. 601. Fruit stands must be provided with receptacles for peels and other fruit waste; no decayed fruits shall be sold or offered for sale in such fruit stands, and must be kept in a cleanly condition.

SEC. 602. Vehicles of all kinds must be kept perfectly clean and shall be disinfected whenever the local sanitary chief shall order it.

SEC. 603. The sale of wearing apparel, bed clothing, carpets, curtains, tapestry, and other articles where a case of any transmissible disease has occurred shall be unlawful, unless such articles have been duly disinfected before being taken out of the house. The seller or the purchaser, as the case may be, shall be held responsible for the violation of this section. The disinfection should be performed in such a manner as to cause the least possible injury to the articles.

SEC. 604. Second-hand clothing offered for sale in time when there is no epidemic in the town shall be duly disinfected. If an epidemic prevails at the time, such sale shall be prohibited.

SEC. 605. Rags must not be sold or offered for sale unless previously disinfected.

Deposits for rags and other materials which may constitute a focus of infection must be situated outside the boundaries of the municipality, and the consent of the local sanitary board shall be necessary therefor.

SEC. 606. No serums or vaccine virus shall be distributed unless they be derived from laboratories authorized by the department of the interior.

SEC. 607. Serums and vaccine virus must be distributed on their original receptacles, and with labels stating the name of the laboratory, date of preparation, and directions for use.

SEC. 608. The cultivation of germs of communicable diseases which do not exist in the Republic is prohibited.

SEC. 609. All public laboratories and the products therefrom are hereby made subject to inspection by the local sanitary board.

SEC. 610. Physicians, surgeons, pharmacists, veterinarians, accouchers, midwives, and dentists must register their names, signatures, and addresses in the office of the local sanitary board.

SEC. 611. It shall be the duty of physicians, surgeons, etc., to call upon the local sanitary chief on any matter concerning public health.

SEC. 612. Plumbers shall secure a license from the local sanitary board, and register their names and addresses in a book kept for the purpose by said board. They shall be subject to special regulations, which shall be duly published.

SEC. 613. Any person who renders medical assistance in an accouchement, or who separates the umbilical cord, without the necessary antiseptic precautions, shall incur criminal responsibility.

SEC. 614. Every municipality shall be provided with antiseptic substances for the treatment of navels of newly born infants, for free distribution among persons applying for the same.

SEC. 615. Any physician who deliberately makes alterations in a diagnosis or in a death certificate, or who furnishes the local sanitary board with false information for the purpose of concealing a case of any particular disease, shall incur criminal responsibility.

SEC. 616. No wells, cisterns, etc., which may constitute a danger to public health, or which are not properly protected against the access of mosquitoes, shall be permitted in houses within city limits.

SEC. 617. No birds or other animals which may be detrimental to health or annoy neighbors shall be permitted in any place of the town.

SEC. 618. Besides the general sanitary provisions, the following special ones shall be observed in churches and public chapels: (1) They shall be provided with the number of cuspidors prescribed by the local sanitary board; such cuspidors shall contain an antiseptic solution and be washed daily; (2) the confessionals must be provided with metal lattices which shall be cleansed frequently; (3) the pavements shall be kept in a cleanly condition and washed frequently; (4) the holy water must be changed daily and the fonts disinfected with boiling water or other antiseptic solution; (5) notices prohibiting spitting or expectorating on the pavements, etc., shall be kept posted in conspicuous places therein.

SEC. 619. Wells or excavations containing filthy or decayed matter are prohibited in orchards or cultivated lands. It shall be unlawlul to irrigate or fertilize lands with such matter.

SEC. 620. Before any municipality undertakes the construction of any public work relating to public health, such as the water supply, slaughterhouses, cemeteries, etc., the report of the local sanitary board shall be necessary, which report shall be submitted to the Superior Board for approval.

SEC. 621. The local sanitary board shall give the necessary orders for the desiccation of swamps, puddles, etc., and if such desiccation be impracticable, it shall order that sufficient quantities of crude petroleum be poured periodically into such swamps, puddles, etc., for the eradication of mosquito larvæ.

It shall also enforce the necessary measures for the suppression of the causes of spread of malarial fever.

SEC. 622. It shall be the duty of every municipality to issue, within thirty days, the necessary license for the execution of the works ordered by the local sanitary board. If the municipality has special reasons to refuse the granting of such license, it shall submit said reasons to the local sanitary board within ten days.

If the execution of a particular work be urgent, the municipality shall issue the license within the time suggested by the local sanitary board.

SEC. 623. It shall be unlawful to hinder or obstruct the inspection by the sanitary chief, or by the inspectors of the sanitary board duly authorized.

The police shall render its assistance whenever requested by the inspectors.

PART III.

VIOLATIONS AND PENALTIES.

SEC. 624. Violations of these ordinances which are not defined in the penal code as crimes, shall be considered as misdemeanors against public health, and shall be prosecuted before the respective courts.

SEC. 625. He who commits a misdemeanor in violation of these ordinances, or who refuses to comply with the orders of the sanitary chief, shall be punished, in accordance with the provisions of paragraph (e) of section 3 of civil order No. 159, series of 1902, with a fine from $10 to $100, official currency, or imprisonment from ten to thirty days, or both, at the discretion of the court.

SEC. 626. The sanitary chief, or his duly authorized deputy, shall take charge of the prosecution of said violations.

The written reports of the sanitary inspectors shall form part of the evidence and shall be taken by the court into consideration in accordance with the rules of evidence.

SEC. 627. The payment of the fine or the expiration of the imprisonment do not exempt the violator from the execution of the work ordered, or the compliance with the order given by the sanitary chief. The repetition of the offense shall be considered as an aggravating circumstance.

SEC. 628. Whenever an official corporation, authority, public officer, local sanitary board or chief, shall refuse to comply with the provisions of order No. 159, series of 1902, of these ordinances or of other sanitary regulations approved by the Executive, the superior sanitary chief shall report the facts to the secretary of the interior requesting him to take the necessary steps for the enforcement thereof.

SEC. 629. The misdemeanors committed by sanitary inspectors in violation of these ordinances shall be punished by the sanitary chief, by admonition, suspension of salary from one to thirty days, or removal, with the advice of the Superior Board. If the violation constitutes a crime, the case shall be brought before the courts of justice.

SEC. 630. The concealment or repetition of an offense shall be considered as an aggravating circumstance.

SEC. 631. The misdemeanors shall be classified as minor and grave in accordance with their importance in regard to public health.

SEC. 632. The following shall always be considered as grave misdemeanors: (1) Violations committed by sanitary officers, if the offense does not constitute a crime; (2) concealment of cases of diseases the report of which is compulsory; (3) unjustified delay in making such report; (4) failure to take the necessary precautions of disinfection whenever required; (5) the admission in charitable and educational institutions of persons suffering or convalescing from communicable diseases; (6) refusal by managers of charitable and educational institutions to furnish information required by the sanitary chief, or furnishing false information, in regard to the sanitary conditions therein, etc.

SEC. 633. Violations of the chapters which shall be mentioned in this section shall be considered as important misdemeanors.

SEC. 634. All other violations, not constituting crimes, shall be considered as minor misdemeanors.

SEC. 635. All decrees, ordinances, regulations, provisions, etc., inconsistent with these ordinances are hereby repealed.

REPORT FROM THE DELEGATES FROM ECUADOR, DRS. M. H. ALCIVAR AND SERAFIN S. WHITHERS.

Mr. PRESIDENT: In compliance with the programme of the convention, we have the honor to make the following report:

First. From February 1, 1904, to December 31 of the same year we had in Guayaquil 190 cases of yellow fever. During the present year, due to the radical measures taken by the superior board of health since the first appearance of yellow fever in 1903, which was imported from Panama, this disease has disappeared almost entirely, because, although some weeks one or two cases are recorded, we can assure that they come from distant points from the city, from the zone included between Chimbo, Bucay, and Yaguachi, as the border of the Yaguachi River in almost all its extension, and the quaking bogs and swamps which are in abundance in this section of the country and never get dried, even in summer, offer a very adequate place for breeding the larvæ of the mosquito, thus facilitating the propagation of the species of the epidemic. In order to destroy such foci and to protect the patients from the infection, as long as the sanitation of Guayaquil would be almost impossible if such a constant menace be maintained, the superior board of health is going to commence a campaign with the cleaning all foci of infection and the construction of a small lazaretto, protected with wire screens and equipped with the personnel and utensils which an institution of this kind requires, in accordance with all modern improvements. The superior board of health, therefore, expects to have the germs of yellow fever totally destroyed within a short time.

Second. Since the appearance of the first cases of plague in the southern Pacific coast the superior board of health of Guayaquil closed all ports of Ecuador to vessels coming from infected ports and prescribed energetic sanitary measures for the sanitation of the coast towns. At that time Dr. Miguel H. Alcivar, who had been in Europe and witnessed remarkable experiments of the application of the Clayton gas, recommended to the board of health the immediate and urgent convenience of equipping the port of Guayaquil with a disinfection plant of the "Clayton" system, and to this effect the consul in New York was instructed by cable to purchase a steam launch with a Clayton apparatus, Type A, and an apparatus, Type B, to be mounted in a special wagon. Guayaquil was, therefore, the first port of the southern coast of the Pacific to have a disinfection plant of the Clayton system, and since that time it was reopened to vessels coming from ports infected with plague, thus making quarantine useless, because the disinfection by means of the Clayton sulphurous gas destroys all germs completely. A remarkable fact is that the plague invaded ports contiguous to Guayaquil Gulf, as Paita, in Peru, and north of Ecuador; in Panama there was also a case officially recorded, and although vessels coming from infected ports were admitted in Guayaquil the port has been preserved free from the disease, due to the thorough disinfection to which the superior board of health subjects all ships which touch the port, by means, as we have said, of the Clayton process. Another fact worthy of notice is the circumstance that the only vessel from infected ports which was not admitted in Guayaquil nor disinfected brought the infection to Panama. From these experiences it may be inferred that when the vessels engaged in the transportation of passengers and merchandise have been equipped with disinfection apparatus of the Clayton system, and the disinfection shall be carried out under the supervision of the health officers in the respective ports, then the immunity against flagellat diseases, as the plague, will be accomplished.

During the second half of the year 1904, there were 94 vessels fumigated in the port of Guayaquil by the Clayton process.

We inclose herewith the regulations concerning the disinfection of vessels and quarantine stations.

In order to expedite trade the superior board of health has established in Guayaquil Gulf, in Puna, a floating sanitary station for observation, with a capacity for 30 persons and with all modern comforts, disinfection apparatus, medical attendance, etc.

This plant is not considered sufficient, and for this reason the superior board of health has ordered the construction of another one of the same kind with a capacity to hold comfortably 60 passengers in observation.

The measures which the superior board of health has prescribed to prevent the importation as well as the spread of yellow fever are as follows: (1) Considering the fact that quarantines are unquestionably useless to prevent the introduction of yellow fever, whenever a suspected or confirmed case takes place in a vessel the patient is removed in a litter screened by wire netting to the city lazaretto, similarly protected against the access of mosquitoes. The other passengers remain under the surveillance of the health officer during the period of incubation. (2) A similar procedure is followed as to nonimported cases, isolating the sick immediately, whether confirmed or suspected, and removing them to the lazaretto with the same precautions. The rooms where a suspected or confirmed case has taken place are immediately disinfected with the Clayton apparatus. Besides the lazaretto the board of municipal beneficence has given the board of health possession

of one of the pavilions of their magnificent hospital, entirely isolated and protected by wire netting, and which is assigned to suspected sick who come to the hospital while under observation and before they are taken to the lazaretto. The statistics for the first half of this year show that all the measures taken by the superior board of health have given as results the reduction and almost complete destruction of the disease in the city, because the very few cases that are once in a while recorded are always imported from Yaguachi and its suburbs.

We close this report calling the attention of the conference to the necessity of international quarantine regulations, which are of vital importance to the interests of commerce in general, and any effort to accomplish an agreement in this respect would be the best and most practical of all triumphs of the Second Sanitary Convention of 1905.

EXHIBIT 1.

REGULATIONS GOVERNING THE DISINFECTION OF VESSELS AND BAGGAGE.

SECTION 1. Vessels coming from infected ports shall be subjected to the following procedure of disinfection:

(1) The hold, including the cargo, shall be fumigated and disinfected by means of the Clayton gas, excepting flour, cereals, and other food products which might be damaged under the action of said gas.

(2) After the decks of the vessel have been washed with considerable amount of water, the purpose of which washing is to soak and remove the organic substances that are stuck to the floor and walls, they shall be sprinkled with a solution of hypochlorite of lime at 10 per cent. This solution must be kept in action for an hour at least, after which time the decks shall be washed again with ordinary water. This operation shall be made by the vessel.

(3) The transportation of cargo in general upon deck is prohibited. The importation of fruits and vegetables is strictly prohibited when coming from infected ports.

(4) The walls, floors, doors, and windows of staterooms and saloons shall be thoroughly washed with cloth saturated in a solution of boracic acid at 6 per cent after the ordinary washing of the ship.

(5) After the disinfection of the vessel all dead rats and animals, and also the garbage and refuse, shall be gathered, and, upon order of the health officer, they shall be thrown into the furnace for their complete cremation, but in no wise shall they be thrown overboard.

(6) Open baggage shall be thoroughly disinfected with formol steam or by other process, at the discretion of the health officer.

(7) Clean wearing apparel in use by the passengers, baggage in good condition, polished metal articles, cotton, furniture, and timber, wrought or unwrought, shall also be subjected to sanitation and disinfection, at the discretion of the health officer.

(8) The importation of the following articles is prohibited: Old and soiled wearing apparel, mattresses, pillows, worn-out carpets and mattings, woolen, feathers, and animal hides, tanned or not; and in general all kinds of articles which might be suspected on account of their soiled condition, as well as all animal or vegetable substances in a state of decomposition. Should any of such articles be found they shall be cremated in the ship's furnace.

(9) All new polished metal articles and iron materials, or of other metals, for the construction of machinery, shall be admitted without any sanitary precaution.

PASSENGERS.

SEC. 2. All passengers, whatever their places of origin may be, shall be admitted under the following rules:

(1) The health officer shall make a thorough medical examination of the passengers and shall not allow the debarkation of any person on whom he might have found the slightest suspicious symptom, and who shall be removed to the observation lazaretto, where he shall be held under observation till he is restored to health.

(2) Passengers coming from infected ports shall be received in the quarantine station for observation and isolation for a period of ten days, if necessary, from the date they left the infected port.

(3) If the passengers come from an immune port, but in ships which have touched any infected port, they shall be allowed to disembark after individual disinfection, and the health officer shall issue them a certificate in which their places of origin and destination shall be stated, according to the information furnished by themselves.

These certificates shall be unipersonal, and the passengers shall exhibit them to the president of the board of health, who shall order the health officer to visit the residences of each one of them during ten days, and to report in regard to their health.

(4) The health officer shall order the isolation, in the lazaretto, of any passenger on whom he might have found the slightest symptom of sickness, and shall cause to be made a thorough disinfection of the wearing apparel, articles of personal use, bed clothing, baggage, and all other effects which might have come in contact with said passenger, as well as the room occupied by him.

(5) The individual disinfection of passengers shall be made in the following manner: A general bath with boricated water; special disinfection of the hands by means of the brush, with soap and water first, and then with a solution at 1 per cent of sublimate; disinfection of mouth and throat with boricated water; complete change of clothing for another that shall have been previously disinfected by means of the formol steam, or by other process at the discretion of the health officer.

Traveling clothing shall be delivered to an employee of the health department for its disinfection.

LIVE STOCK, POULTRY, AND DOMESTIC ANIMALS.

SEC. 3. Sheep, cows, goats, and pigs shall not be subjected to other procedure than the repose and observation for a period of ten days in clean, large, and ventilated corrals, under the daily inspection of the municipal veterinary.

SEC. 4. Mules, horses, asses, and other animals shall also be subjected to inspection in proper corrals and for the same period of time.

SEC. 5. Poultry and other birds shall similarly be subjected to ventilation and repose during the same length of time.

SEC. 6. All articles derived from animals, which might be vehicles for pathogenic germs, shall be carefully disinfected or cremated.

SEC. 7. All instruments used in the debarkation and removal of animals shall be thoroughly disinfected under the supervision of an employee of the health department.

TRANSITORY PROVISIONS.

SEC. 8. While the superior board of health has no sanitary stations or lazarettos to carry out the provisions of sections 1, 2, and 3 of these regulations, vessels coming from an infected port shall not be given free pratique and shall be held incommunicated during the time required for loading and unloading; passengers in these vessels shall not be admitted till fifteen days after leaving or touching an infected port, or disembarking from an infected ship.

EXHIBIT 2.

REGULATIONS CONCERNING THE SANITARY STATION.

SECTION 1. There shall be established a provisional maritime sanitary station for the isolation and observation of passengers coming from infected or suspected ports.

SEC. 2. The sanitary station shall be located in a place to be previously designated by the superior board of health.

SEC. 3. The sanitary station shall be provided with the necessary craft for the purpose, as well as with the furniture, kitchen and table utensils, drugs, and other articles indispensable to the good service and care of passengers.

SERVICE PERSONNEL.

SEC. 4. The service personnel shall consist of:

One director physician.
One inspector.
One practitioner.
Two attendants.
One female attendant for ladies.
One cook.
Two nurses.
Two sailors.
And other employees for the disinfection of vessels.

THE PHYSICIAN.

SEC. 5. The physician in charge of the Puna station shall be the director physician of the maritime sanitary station. His duties and powers are:

(1) To make the sanitary inspection of all vessels coming from abroad, in accordance with the regulations of the board of health, and the regulations which it may hereafter pass.

(2) To make the disinfection of all vessels coming from infected and suspected ports in accordance with the instructions of the board of health.

(3) To visit the passengers subjected to quarantine observation twice, or oftener if necessary, and to inform the board of health of any event that might happen.

(4) If any passenger subjected to observation be taken sick the health physician shall render him medical attendance after having been isolated, if the illness be infectious.

(5) In such a case the health physician shall immediately notify the board of health in order that it may at once send another physician to take charge of the sanitary service in the port.

(6) To see that the disinfections are thoroughly made, and that the employees charged with this duty fulfill it satisfactorily.

(7) To see that the passengers are attended and cared for in the best possible way, and that their wishes are satisfied in all that is not in conflict with the provisions of these regulations.

(8) To see that all employees strictly fulfill their respective duties, and to make a weekly report to the board of health of all the transactions of the service.

THE INSPECTOR AND SUBORDINATE EMPLOYEES.

SEC. 6. It shall be the duty of the inspector:

(1) To make the disinfection of the vessels under the supervision of the physician, endeavoring to carry it out in accordance with the instructions of the board.

(2) To see that good order and service are maintained in the craft assigned to passengers, giving them all accommodations not in conflict with the condition and isolation to which they are subjected.

(3) To arrange and look after the kitchen and table service and the cleanliness of the craft, and he shall watch the discipline and behavior of his subordinates, specially in regard to the good treatment which must be given to passengers.

(4) To accompany the physician in his visits whenever requested to do so, and shall receive from him daily the instructions regarding the service.

(5) To see that the craft assigned to the service are completely isolated, and to prevent the passengers from coming in contact with other persons.

SEC. 7. Servants and other subordinate employees shall be under the inspector, and they shall strictly execute all orders which he might give them.

THE PRACTITIONER.

SEC. 8. The practitioner shall perform his duties under the supervision of the physician, and, specially, take care of the sick. He shall accompany the physician in his visits, keep a clinical record of the sick, and a book in proper form with the physician's instructions for treatment; he shall see that the physician's prescriptions are filled, and that the medicines administered are applied to the sick; he shall take care of the diet of the sick and shall see that the nurses and servants give them careful and proper attention.

PASSENGERS.

SEC. 9. Passengers coming from infected or suspected ports shall be held in quarantine in craft assigned for the purpose.

This quarantine shall be for a period of ten days from the day in which they left the last infected or suspected port.

If any passenger should prefer to spend his quarantine in another vessel hired by him, he may do so, provided he follows the provisions of these regulations.

SEC. 10. Under no circumstances shall passengers be allowed to come in close contact with other persons, nor abandon the ship on which they must spend their quarantine.

If any passenger be taken sick during the period of the quarantine, he shall be isolated or not, in the discretion of the physician, in the place to be by him designated.

SEC. 11. Isolated patients shall not come in contact with anybody but the physician, the practitioner, and the nurses. The isolation shall be discontinued when, at the discretion of the physician, the patient is in the period of convalescence.

SEC. 12. If any passenger, upon his arrival at Puna, is afflicted with any contagious disease, such as plague, yellow fever, typhoid fever, or other similar fevers, he shall not be received at the sanitary station.

SEC. 13. All passengers are subjected to the daily visit of the physician and must follow his instructions.

SEC. 14. Passengers shall pay $5 a day, besides the extraordinary expenses which they might make.

These regulations shall be made known to passengers in order that their provisions may be fully complied with.

APPROPRIATION.

One physician.
One inspector.
One practitioner.
Two attendants.
One attendant for ladies.
One cook.
One assistant.
Two sailors.
Two nurses.

SEC. 15. The board shall have power to amend these regulations whenever they may deem it necessary.

Given in the hall of sessions of the superior board of health the 22d day of September, 1904.

ANTONIO GIL, *President.*

J. CUEVA GARCÍA, *Secretary.*

REPORT FROM THE DELEGATE FROM GUATEMALA, DR. JOAQUIN YELA.

MR. PRESIDENT AND GENTLEMEN: When the Republic of Guatemala was invited to take part in the First International Sanitary Convention of the American Republics, which took place in Washington, D. C., in December, 1902, I had the honor to be officially designated by my country to represent it before such an important and eminent congress. As at that time I was absent from the United States, when I received the appointment I started for this country, but, unfortunately, due to an unforseen and casual accident, I arrived in this capital when the conference was already closed.

Once more I have been honored with the appointment by cable as official delegate from Guatemala to the Second International Sanitary Convention. At the same time I have been notified, also by cable, that they are sending me by mail the recent governmental regulations in regard to public health and important clinic observations upon the present yellow-fever epidemic in the towns of Zacapa and Galan by the physicians that treat the patients. Unfortunately up to the present time I have not received this document.

On account of the foregoing reasons this report will not be as complete as it should be.

Malaria, under its various forms, has been the commonest disease in the coasts of the Republic and in other towns. Pernicious fevers which after the second or third access would cause the death of the patient are almost unknown at present, due to the sanitary measures enforced by the authorities and the health service.

Only two invasions of the dreadful cholera morbus have been recorded, which epidemics decimated the Republic and the entire territory of Central America. The last took place in 1857, and was imported from Nicaragua at the return of the soldiers that went there to cooperate in the expulsion of the hosts that endangered our independence. Since that time a few sporadic cases of cholera nostrus take place once in a while during each year, not every one, at the beginning of the rainy season, but they are always overcome by proper treatment.

A large portion of the population of Guatemala consists of the native Indian. The native Indian is strong and active, being simple in his habits and clean minded. His only vice is his fondness for alcoholic drinks, mainly that called "chicha." He never suffers from syphilis, and marries as soon as he reaches the pubescent age, creating a numerous family. The epidemics are the only causes that put an end to his life, smallpox particularly, because he fears vaccination with dreadful horror. As people of this race always live piled up in small dwellings called "ranchos," when one of them is taken sick the whole family follow and then the entire town. Fortunately, due to the constant efforts of the Government and the superior council of hygiene, which compel vaccination and revaccination under severe penalties, we no longer see at present the frequent and deadly epidemics of old, and only once in a while we have a few single cases of a mild character.

In the important towns we have salaried physicians, and the people from small towns are brought there by the respective authorities for vaccination, taking special care in watching whether the inoculation has produced good results, and repeating the operation until the desired effect has been obtained.

No new cases have been registered of elephantiasis, which formerly prevailed throughout the country until a governmental decree, strictly enforced, ordered the gathering and arrest of all persons suffering from the disease, and their confinement in the asylum called "La Piedad," where they are well attended and have all they want, being absolutely isolated from the rest of the world.

Bubonic plague, which during the last few years has made many victims in some of the American countries where it was unknown, has never invaded Guatemala, and I hope that with the sanitary measures in force it will never visit our shores.

Thirty-five years ago an epidemic of scarlet fever caused severe damages throughout the country. Since that unfortunate time not a single case has been registered, although cases of diphtheria, which caused great damage among children, have occurred periodically until the serum against this dreadful disease was discovered.

Influenza is the disease which has appeared most frequently.

Typhoid fever and tuberculosis are very uncommon in Guatemala. The conditions of the country are fit to cure tuberculosis rather than to produce it. So much so that persons suffering from it come to Guatemala from distant points of the world seeking the restoration of their health, and most of them succeed.

Yellow fever prevails at present in two of our important towns—Zacapa and Gualan. A great number of physicians, for the sake of philanthropy, have gone there to risk their lives on behalf of their fellow-creatures, some of which physicians have perished while in the performance of their professional duties. Among those that died appears the name of the distinguished Dr. Jorge Arriola, who, as I have been informed, expired without completing an important clinic work showing, from facts that have come under his observation during this epidemic, that the *Stegomyia fasciata* is the only means of transmitting the infection. The epidemic is dying out very rapidly thanks to the active measures enforced by the Government and the superior council of hygiene, with the efficient cooperation of the medical profession, thus restricting its invading action to a limited zone. This disease has never been endemic in Guatemala.

There is a superior council of public hygiene in the capital of the nation, under the secretary of the interior, and in each capital of department a special board of health, under the supervision and control of the superior council. By a special law the military health corps was organized separately, its main duty being to take care of the health of the soldiers.

The superior council has advisory powers only, its resolutions as well as the sanitary laws being enforced by the secretary of the interior.

Among the several and interesting sanitary laws passed by the Government, on recommendation of the superior council, we have the law making vaccination and revaccination compulsory; that regulating prostitution, and the one requiring the report of cases of the following diseases: Typhoid fever, exanthematous typhus, smallpox, bubonic plague, cholera morbus, diphtheria, elephantiasis, scarlet fever, and measles. The physician attending a person suffering from any of the above-mentioned diseases or the head of the family to which such person belongs, is compelled, under severe penalties, to report the case immediately to the competent authority.

The medical surveillance in the ports of the Republic is intrusted to competent physicians, who are under the immediate supervision of the local authorities and receive orders from the superior council. Each port is equipped with proper apparatus for disinfection.

As soon as the Government has reliable information that an epidemic prevails in one of the countries with which it maintains commercial relations, it prescribes sanitary provisions and measures in order to prevent the importation of the disease into the Republic. Among the recent decrees relating to this purpose we have that of July 26, last, which prescribes that, for consequent results, vessels coming from Valparaiso, Chile, shall be considered as suspected, for which reason the authorities of the ports on the Pacific shall strictly enforce all laws and regulations previously passed by the Government.

On September 6 last the President of the Republic ordered that the ports of San José, Champerico, and Ocas on the Pacific coast be closed to vessels coming from Panama, as suspected of yellow fever and bubonic plague.

If the several and wise sanitary provisions embodied in previous laws continue to be enforced as at present, we could almost assure without hesitancy that no other diseases, outside of the traumatic ones, would exist in the capital of Guatemala, and that its inhabitants would only die from senility.

There is a magnificent general hospital in the capital of Guatemala, situated on the east side of the city. It has 500 beds, contained in large and well ventilated wards. Physicians, nurses, medicines, food, comfortable lodging, and everything needed for the restoration of health is furnished without cost to the patient. This hospital has a competent staff of distinguished physicians and surgeons and able practitioners and nurses. It is equipped with all modern scientific improvements. It has an annex, called "Casa de Salud," for people that are able to pay a reasonable fee, which is also provided with a complete equipment of surgical instruments and medicines, frequently imported from the United States and Europe.

On a picturesque site called La Reforma Park, three miles from the city, the military hospital is located, a modern institution where the soldier finds the remedy for his illness.

We also have a very well-organized insane asylum.

At 12 miles north of the city La Piedad Asylum is situated, where all those suffering from elephantiasis are confined. There they find all that is necessary to make their life more tolerable. Near to it is the cemetery assigned to the interment of their corpses.

The Model Hospital, so called because it is for women suffering from syphilis, is situated east of the city, on the suburbs, the majority of the women who are in it being composed of prostitutes. The organization of this hospital and the regulating of prostitution have contributed to make this dreadful disease much less frequent, and that the few cases that occur are of a rather mild type.

For cases of epidemic and contagious diseases, which on that account can not be admitted to other hospitals, we have a very large one in the suburbs of the city, with competent personnel, medicines, and all that is necessary for the proper attendance of the patients, thus curing them and preventing the spread of disease.

I wish to make special mention of the organization of a highly philanthropical institution for men and women suffering from the exceedingly mortal disease for which, in spite of the present wonders of science, no remedy has yet been found, and which is called "senility;" there, engaged in mild occupations proper for their age, they wait tranquilly for the end of their days.

There are also private sanitariums conducted by distinguished professors, among which institutions I have the pleasure of mentioning that of the brothers Doctors Ortega, which, besides an excellent medical service, has the last scientific improvements in apparatus, instruments, and all that is necessary for the clinic attendance of patients.

We have hospitals not only in the capital of the nation, but also in the capitals of departments. The principal ones are the hospitals in Quezaltenango, La Antigua, Amatitlan, and Escuintla.

Among so many charitable institutions there one was lacking for those unfortunate persons who, though not being considered as ill, are convalescent from severe diseases. For this reason Señor Estrada Cabrera, President of the Republic, is going to fill so great a necessity with the magnificent and large building which is being constructed south of the city, on the same site formerly occupied by the Central-American Exposition. This building shall be assigned especially for the lodging and care of convalescents. It will soon be completed because the construction is being carried out with assiduous efforts, the President himself inspecting the works daily.

To close this report I will only make mention of the honor which has been conferred upon Guatemala by the selection of its capital for the place where the Fourth Pan-American Sanitary Conference is to be held. The Government and the faculty of medicine and pharmacy are working assiduously in order to make the stay of our illustrious guests pleasant.

REPORT FROM THE DELEGATE FROM MEXICO, DR. EDUARDO LICÉAGA.

[Translation furnished by Doctor Liéaga.]

GENTLEMEN: I present the following report in accordance with the scientific programme that was accepted by the international committee of the American Republics.

(*a*) *Data regarding the prevailing diseases, especially plague, yellow fever, and malaria, starting from the 1st of January, 1904, being approximately the date on which the convention should have met in Santiago de Chile.*

I. BUBONIC PLAGUE.

In a collection of the special bulletins of the supreme board of health, which were published in connection with the appearance of the bubonic plague in the port of Mazatlan, State of Sinaloa, and forwarded to the international committee of the American Republics, a detailed report was presented of the appearance of this disease in December 1902, of the course followed by the epidemic, and of the series of measures which were adopted until the disease was finally stamped out in May, 1903.

Incidentally I may observe that from the adoption by the previous sanitary convention of the resolution that each one of the Republics here represented should be bound to declare the existence of transmissible disease in its territory to the international committee of the American Republics, that Mexico has never neglected to comply with this obligation, giving weekly reports either by mail or by wire whenever it was considered necessary.

Under No. 1.—I present a collection of those bulletins and I will read this paper in which I present a résumé of that epidemic, because I believe that it will give a knowledge of the measures adopted against it, and which not only extinguished the epidemic in its place of birth but liberated the rest of the Mexican Republic and the whole of North America from all danger of its spread.

I. PROBABLE ORIGIN OF THE EPIDEMIC.

Mazatlan is a port situated on the Pacific coast in 23° 11′ 2″ of north latitude and 7° 17′ 34″ of longitude west of Mexico. It is in the torrid zone and has a tropical climate. The population is about 25,000 inhabitants.

This port has frequent communication with that of San Francisco, Cal., in the United States, where for three years previously the bubonic plague prevailed in a central part of that city called "Chinatown."

It was probably through fear of quarantine restrictions which might have been imposed on the foreign trade that the authorities of San Francisco had carefully maintained secrecy on the existence of the disease and issued clean bills of health to the vessels leaving the port.

On the 13th of October, 1902, the steamer *Curaçao* reached Mazatlan with a cargo of Chinese goods which were landed in that port. The first case of the disease was observed seven days after, but no diagnosis could be made because it had never been seen in the Mexican Republic, its symptoms were unknown by the physicians and for this reason it was supposed that the patients were suffering from a rare and malignant form of malaria.

It has never as yet been discovered whether these goods came directly from "Chinatown," in San Francisco, Cal., or whether they were transshipped to the *Curaçao* from some vessel that came directly from Asia; but what is beyond question is that the steamer came from San Francisco and that the cargo contained goods of Chinese origin.

II. FIRST NEWS OF THE APPEARANCE OF THE EPIDEMIC DISEASE.

In the month of December, 1902, the delegates of the supreme board of health in Mazatlan reported by wire that a rare disease had appeared in the locality; that of the nineteen cases which had been observed eight had terminated fatally, all within the time elapsed from the 20th of October to the 13th of December and that the disease presented as principal characteristics a violent fever and the appearance of buboes in the groin, axillæ, and neck.

The supreme board of health, which is by law charged with the international sanitary police in the port, had no knowledge of the above facts during the first days of the month of December or that the steamer *Curaçao* had brought in goods of Chinese origin; but bearing in mind that it had extra-official knowledge of the existence of the plague in a ward of San Francisco, Cal., and that the only transmissible disease that is accompanied by fever and buboes is the plague, it instructed its delegate in that port to indorse on the bills of health that a disease prevailed in the port which was suspected of being bubonic plague. The board at the same time addressed itself to the local authorities of Mazatlan and to the governor of the State of Sinaloa, in which that port is situated, urging on them to take the steps that are provided by the sanitary code for stamping out any epidemic disease.

In order to proceed with the necessary enumeration of these measures, I will first deal with those that were adopted against the disease in order to extinguish it in the locality in which it made its first appearance, after which I will describe the measures taken to prevent its propagation by sea, and lastly the measures taken to prevent its spread by land.

III. MEASURES ADOPTED TO EXTINGUISH THE DISEASE IN THE LOCALITY IN WHICH IT APPEARED.

The political authorities of Mazatlan were instructed to remind the physicians, heads of families, managers of workshops and factories, and directors of schools and colleges of the duty imposed upon them by the sanitary code, of reporting the cases of bubonic plague which might come within their knowledge.

The local authorities at once ordered house-to-house visits to be made in order to discover the patients who might have been hidden by their relations. In order to render this measure practicable the city was divided into wards, and the physicians, with the assistance of 125 men of the sanitary police, were commissioned to carry on the investigations. At the same time and in compliance with the provisions of the Federal sanitary code the isolation of the patients in a lazaret was strictly enforced.

In order to make this isolation really effective, the lazaret was arranged on the Belvedere Island, where a department was established in which to receive the patients suffering from confirmed cases of plague, another was isolated from the above in order to receive those

suspected of suffering from the plague, and another for the convalescents, dedicating rooms in the latter department for baths, a dispensary, and dwellings for the medical assistants as well as for the staff of servants.

The establishment of the lazaret on an island rendered the isolation of the sick easy and secure. But considering that the persons who had been attending the patients before taking them to the lazaret might have the disease in the state of incubation, an observation camp was established on the slopes of the Velodromo Hill close to the beach and outside of the town.

This observation camp consisted of a series of sheds intended to furnish shelter for the families of the patients, in which they would receive the food required for their sustenance and be kept under observation for ten days without their being allowed to leave the camp unless they were in enjoyment of good health on the expiration of that period. The poorer people were supplied with fresh clothing and a certain amount in money on leaving the camp.

As the poorer quarters of the port of Mazatlan contain many houses crowded with people, orders were given to expel the extra inhabitants of each house and oblige them to live in tents.

In accordance with the provisions of the sanitary code, orders were also given for the disinfection of the houses that had been occupied by patients as well as of the clothing which they had used, and whenever this was of slight value it was burned.

In order to carry on the disinfection service in the different wards of the city, eight physicians were appointed with their respective staffs and they employed a solution of bichloride of mercury at one per thousand, which was sprayed by means of force pumps over the roofs, walls, and floors of the dwellings. When these dwellings were of slight value, and especially when they could not be disinfected, they were destroyed by fire, and in this way 375 houses have disappeared.

As the epidemic had been preceded by a great mortality among the rats and mice, war was declared on these animals by all the means that are ordinarily employed, among which was a virus that was intended to produce among them an epizootia that could not be transmitted to man.

At the same time the local authorities gave orders for a thorough cleaning of all the houses and to enforce the sweeping of the streets, for a complete cleansing of the slaughter houses and markets as well as the collection and incineration of all garbage.

The fact that the bubonic plague had never made its appearance in the Mexican Republic had rendered unnecessary any preparation by keeping a stock of serums that would cure or prevent that disease, but a request was immediately made to the Pasteur Institute for 1,000 flasks of Yersin serum and 500 flasks of Haffkine serum, although other and much larger quantities were subsequently consumed.

IV. MEASURES FOR PREVENTING THE SPREAD OF THE EPIDEMIC DISEASE BY SEA.

As already stated, the plague had never presented itself in the Mexican Republic. During the last few years, when it again invaded Europe and some towns of South America, it became necessary to reform the maritime sanitary regulations by the addition of a special chapter which was intended to protect our ports against the invasion of the plague, as previous to that there was no mention of that disease in our sanitary code because it was thought unnecessary. The additions to Chapter II of the maritime sanitary regulations, which were intended to give us protection against the plague, were promulgated on the 30th of May, 1900. Since that time they have been in full force, and would have defended us from the disease, if the sanitary authorities of San Francisco had not hidden its existence and issued clean bills of health to the vessels leaving that port. This is the way in which the plague was able to reach Mazatlan.

The first instruction given to the delegate of the supreme board of health in the port of Mazatlan was to indorse on the bills of health the statement that an epidemic disease had made its appearance there which was suspected of being bubonic plague. This declaration was made in order to protect, not only our own ports, but also foreign ports against arrivals from Mazatlan.

The steps which were intended to prevent the spread of the disease by sea may be divided into two groups: (a) Those which were taken in the port of departure and (b) those which were taken in the ports of arrival.

(a) A commission of physicians was appointed to issue health passports to the persons who might reach the port for the purpose of embarking, thus preventing any sick or suspected person from going on board. This commission was also charged with the disinfection of the passengers, baggage, and the goods that might be shipped, and the sanitary delegate in the port was ordered to destroy the rats and mice on departing vessels. With these precautions safety was insured; but in order to comply with the provisions of our maritime sanitary regulations as amended, all the delegates in the Pacific ports were reminded of the rules to which I make reference below.

(b) The ports on the Pacific coast are very numerous and as some of them have no medical delegate—who is the sanitary authority charged with the medical visit to the ships and with the direction of the disinfection work—these ports, which are of slight commercial importance, were closed for all direct traffic with Mazatlan which was only allowed with the ports of Guaymas, San Blas, Manzanillo, and Acapulco, and even then entirely subject to the legal provisions above mentioned and which can be summarized as follows:

The ships were to be kept out in the bay on a special anchorage which was dedicated to suspected vessels; the sanitary delegates would approach the side of the arriving vessels in order to notify the master that he would be detained for ten days to be counted from the date of his departure from the infected port. The object of this detention was to ascertain that no person amongst the passengers or crew had developed the disease. During this period of observation a disinfection would be carried out of the passengers' baggage and clothing as well as of the cargo in the hold and the rats and mice would be killed by means of sulphurous acid, by burning sulphur in the proportion of 40 grammes per cubic meter of space in the hold, which was left hermetically sealed for the space of twenty-four hours. Meanwhile, a disinfection of the ship's decks was carried out by spraying with a solution of bichloride of mercury of one to a thousand or of carbolic acid at 5 per cent. Only the articles which were to be subjected to a surface disinfection were treated with formaldehyde vapor. Once these operations were terminated, and the discharge commenced, the delegate revised the goods, package by package, so as to make certain that the wrappers or cases carried no rats or mice and that there were no holes in them. If any package was found in these conditions there would be reason to fear that the animals might have penetrated into its interior and in such cases it was opened in order to ascertain the truth. Such packages were so arranged, that should the rats jump out they would fall into boiling water from which they were only extracted with the help of forceps, and after annointing with petroleum they were burned.

If the vessels should arrive with sick persons on board or if the plague should make its appearance during the ten-day period of observation, she would have to proceed to the Port of Acapulco, where there is a lazaret properly adapted to receive patients who are suffering from plague, cholera, or yellow fever.

If the final destination of the ship was not one of the above-mentioned ports, after the expiration of the ten-day period and the disinfection required, the delegate would give the vessel a certificate recording the above facts and with this document she would be allowed to enter any port of the Pacific coast.

In order to facilitate the introduction of provisions into Mazatlan as well as substances for disinfection and other objects that might be required, special permits were issued to certain vessels by the supreme board of health, in order that they might carry those goods to Mazatlan, but without entering the port. In these cases the vessels laid off at sea and the vessels that carried the sanitary delegate would go alongside and receive the goods that were brought, without permitting the people from the shore to communicate with those on board. The delegate would issue a certificate declaring all these facts and the vessel would be allowed to proceed to her port of departure or any other without being subjected to quarantine.

These measures were so efficacious that not a single case of plague appeared on any vessel, nor was any carried to any other port within the six months during the epidemic.

V. MEASURES FOR PREVENTING THE SPREAD OF THE PLAGUE BY LAND.

The most efficacious means for stopping an epidemic is to diminish the number of inhabitants in the town in which it prevails, as we can easily understand that this diminishes the material on which the disease can feed itself. The public authorities can not order such a step except when dealing with very small towns; but in the present case, the residents of Mazatlan departed and it is estimated that the emigrants reached as many as 8,000 persons. At the same time it is necessary that in procuring the emigration from a city care should be taken that the emigrants do not carry the contagion either on their persons or in their baggage. In order to avoid this danger the following measures were adopted.

A medical commission was appointed to examine the persons who desired or attempted to leave Mazatlan; if they were found healthy they were given passports which recorded their names and surnames, their state of health, and destination. This commission forwarded a similar notice to the authorities of the place to which the passengers were traveling and at the same time kept a record of all this information.

In the roads which pass from Mazatlan (as yet it has no railroad communication) to other points in the State of Sinaloa and to the other States and territory that surround it, and in the most frequented parts sanitary stations were established which consisted of a department for the persons arriving with the disease already confirmed; another which was dedicated to those who were simply suspected of suffering from the plague; a third in which the convalescents were lodged with their proper bathrooms; a fourth department with the

disinfecting stove—a chamber dedicated to the fumigation of goods by means of sulphurous acid; and lastly, dwelling rooms for the staff.

These stations were under the direction of a hygienic physician.

Besides this a second zone of sanitary stations was established at a certain distance from the first and the adjoining States also organized their own sanitary stations as follows: Two in the Territory of Tepic; two in the State of Jalisco; three in the State of Durango; and one in that of Sonora.

The defense by land was organized as follows: In the first place an inspection was made by the medical commission in Mazatlan of all persons who attempted to leave the city; if any traveler fell sick before the second day from his departure he would be received into the first sanitary station; if the disease showed itself before the second and fourth day he would be detained in the second station, and if it made its appearance when the traveler left the State of Sinaloa he would be detained in one of the stations of the adjoining States; but even in the case of delayed incubation by which the disease would become evident before the tenth day the traveler would still be under the vigilance of the authorities at his new residence, as they would be previously notified of his arrival by the medical commission in Mazatlan.

It is believed that over 8,000 persons left Mazatlan in a comparatively short space of time and we can therefore understand that many of them escaped the inspection in Mazatlan and evaded the sanitary stations. This explains the appearance of some cases in three villages that I will refer to later on, but their number was so limited that without any danger of exaggerating I may say that the plague was concentrated in Mazatlan and consequently that the measures adopted to prevent the spread of the disease by land brought about the desired result.

VI. PLACES TO WHICH THE EPIDEMIC SPREAD FROM MAZATLAN.

A small village of 400 inhabitants called Oso and situated on the left bank of the river El Fuerte formed a small focus which was originated as follows: A family left Mazatlan on the 24th of January and on reaching the village of Elota, on the 27th, a girl fell sick, and in order to escape the sanitary station which was established in that place the family fled to Oso, where they arrived seven days after. The girl died there, after having passed the contagion to her mother, from whom it was passed to the grandmother, and these two also died. As soon as the fact was known a physician was sent from Culiacan, the capital of the State of Sinaloa, and he was able to prove that the patient whom he saw alive was suffering from the pneumonic form of the plague. The disease was propagated to three other persons, but as all the patients were isolated, together with the persons who attended them, and as not only the clothing and other objects which might have any infection were burned, the houses in which the patients lived being also burned, and all persons who ran any danger of contagion were vaccinated with Yersin serum, which was the only one at that time available, and as the rats and mice throughout all the adjoining houses were destroyed, the epidemic was finally stamped out in that place.

I should state that the village of Oso, which is situated about 170 kilometers from Mazatlan, is the most distant that has been reached by the disease.

The village of Villa Unión, situated 26 kilometers to the southeast of Mazatlan, was invaded by the families who emigrated from the port when the epidemic declared itself there, and the frequent connection which they maintained with the port gave rise to the development of another focus, in which seven persons were attacked, but with only one death. The first patient hardly fell sick before physicians, disinfecting stoves, and operators were sent, and the patients were isolated as well as all suspected persons and convalescents. As in Mazatlan an observation camp was established in order to isolate the families of the sick, the houses in which the patients had lived were destroyed, rats were exterminated, and the epidemic was stamped out. Two important factors contributed to this result; the first was the establishment of a sanitary organization similar to that of Mazatlan, and the second was the inoculation with Besredka vaccine of 645 persons who were liable to take the disease.

Another village called Siqueros, situated 34 kilometers from Mazatlan and 15 from Villa Unión, received the emigrants from the latter village and with them the disease, but the same elements to fight the evil were accumulated in that new focus as in Mazatlan and Villa Unión, so that although nine cases developed, with six deaths, the epidemic was also stamped out in this village.

Before closing my report of the measures which were adopted to prevent the propagation of the epidemic by land, I must mention a step that powerfully contributed to preventing the emigration of the sick people, which consisted in the organization of a flying brigade of sanitary police, accompanied by an ambulance and under the orders of a physician, which traveled over the road and visited the smaller villages, thus exercising a very efficient vigilance.

VII. CONFIRMATION OF THE NATURE OF THE DISEASE.

As stated at the commencement of this paper, the supreme board of health established the struggle against the plague basing its operations on the clinical data of the disease, but the present scientific conditions required its nature to be confirmed by bacteriological proof. For this purpose the board sent Dr. Octaviano Gonzá lez Fabela, the learned bacteriologist of the corporation, properly equipped for that purpose and with a supply of small animals with which to carry on his experiments. As soon as the doctor reached Mazatlan he made a clinical study of a patient who was suffering from the disease in its pneumonic form, collected the sputa and the liquid from the periganglionic tissue of the buboc, and thus was able to prove the existence of the Yersin bacilus. With the culture of this pure bacilus he inoculated some guinea pigs that shortly after presented all the characteristics of the experimental disease. On receipt of this diagnosis by wire, on the 31st of December, the supreme board of health at once made public declaration that the epidemic which had made its appearance in the port of Mazatlan was the bubonic plague, and so communicated to the Federal authorities of the Republic and of the States, to all the sanitary delegates in the ports, to the sanitary authorities of the United States, and to the international committee of the American Republics in Washington.

VIII. NUMBER OF CASES AND DEATHS.

The number of cases of which the authorities had any knowledge numbered 351, and the number of deaths is entirely correct, because under Mexican law no interment can take place without the certificate of the registrar, which records the cause of the death.

We can not say the same as regards the number of cases, as the same thing happened in Mazatlan that has been seen in all parts of the world—that is, that many cases are hidden in order to prevent the transfer of the patients to the lazaret. The number of such hidden cases was notably diminished from the moment that house visits were established together with an unceasing watch throughout the town. The fear which possessed the poor and ignorant people of being carried to the lazaret led to the emigration of some unfortunates from the town, while others were picked up sick on the roads and carried to the lazaret, and this fact explains the difference between the cases recorded and the deaths.

The largest number of cases recorded in one week was 65 and the largest number of deaths 56. The decrease was rapid and pronounced until the epidemic entirely disappeared.

IX. MEASURES INTENDED TO PREVENT THE REAPPEARANCE OF THE DISEASE.

As the disappearance of the disease was not sufficient to guarantee the cessation of all danger it became indispensably necessary to adopt a series of measures intended to prevent its reappearance. The character of this paper does not allow me to enter into details, and I will confine myself to a statement of the principal measures that have been adopted for that purpose.

In the first place, the house visits were kept up, especially as regards those houses that had been occupied by the first patients when the nature of the epidemic had not been established. These visits were repeated in the houses which adjoined those which had been inhabited by sick persons who were directly or indirectly in contact with the victims. In all of these houses a second disinfection was made and those that were of slight value were destroyed, if the disinfection was found difficult. The clothing found in all of these houses was also disinfected and it was repeated in all that which was deposited in the pawnshop. Operations were continued for the cleansing of the streets, slaughterhouses, markets, and other meeting places, as well as for the destruction of all garbage by fire. Before the schools were reopened after they had been closed at the commencement of the epidemic, the schoolhouses were disinfected, and the persons who attended the religious services in the churches were required to present themselves in clean and previously disinfected clothing, with a certificate that they had taken a bath. The destruction of rats and mice, against which a ceasless war had been declared during the whole of the epidemic, was still continued, until a special commission which was charged with the special study of the blood and tissues of these animals had demonstrated that they were no longer infected with the plague. This commission continued its labors for nearly a year. The medical commission which issued the certificates of health to travelers leaving Mazatlan, and which was charged with the disinfection of their clothing and baggage as well as all goods that were shipped by sea or land, was continued in the full exercise of its office. The sanitary stations were for some time maintained in activity and the service perfected, with the object of exercising a vigilance on the passengers and goods which left the port, as well as over the persons who, after emigrating during the epidemic, now desired to return.

In the villages I have above mentioned, in which cases of plague had appeared, the same precautions were continued as in Mazatlan.

The extermination of rats was advised not only in the places that were invaded by the plague, but was also carried out in many cities of the Republic, and specially in Culiacan, about 240 kilometers distant from Mazatlan, where over 35,000 rats were killed.

With these measures we can safely assert that the bubonic plague will not reappear in Mazatlan or in any other point of Mexican territory.

II. YELLOW FEVER.

After the serious epidemic which spread from the State of Vera Cruz along the interior of the littoral to those of Tamaulipas, Nuevo León, San Luis Potosí, as well as to some towns of Coahuila, to one in the State of Hidalgo, to Oaxaca, and to Yucatan, we were able to extinguish it completely in all those places which were situated to the north of the parallel which passes through Vera Cruz, so that at the commencement of the year 1904, cases only existed in the State of Vera Cruz, part of Oaxaca, and in Yucatan, as can be seen from the annexed table, marked "No. 4."

The vigorous campaign which has been undertaken, and the details of which will be found on Table No. 5, can be summarized in the following statement, which, on account of its brevity, I will read:

Before yellow fever can be transmitted it is necessary to have a combination of three factors: A yellow-fever patient, a mosquito of the genus *Stegomya* to bite the patient, and a nonimmune person to be afterwards bitten by the mosquito.

The problem of fighting yellow fever, therefore, consists in the disassociation of these three factors, and I will now show the manner in which we arrive at the solution of this problem.

I. ISOLATION OF THE PATIENTS.

In order to isolate a patient, the first thing to know is that the patient exists, and in order to find him we proceed in the following manner: In each village where there is yellow fever, or it is feared that it will develop, we organize a sanitary brigade. Some of its members busy themselves in making a list of all the people who are not immune and who live in the locality. In this register a note is made of the age, sex, and nationality of each person and the place of his residence. The sanitary agents who form part of this brigade divide the city or town in which the fight is waged against the yellow fever in such a way as to be able to visit the nonimmunes daily. When one of these is found to have fever, whatever its origin may be, the patient is separated immediately, being put in a room whose windows have been provided with fine wire screens, which will prevent the entrance of the mosquitoes, and a double door, also of wire, is provided and so arranged that when the outside door is opened the inside one will automatically close, and vice versa. This can be done by means of a chain of a certain length which unites the two doors. This is much more satisfactory than covering the beds with mosquito netting, for the latter has to be opened frequently in order to observe the patient, to give him medicine, food, etc., and each time the curtain is opened you run the risk of letting a mosquito in, or, should the curtain accidently come in contact with the patient's body, the mosquito can bite the patient from the outside of the curtain; whereas if the patient is in a room from which the mosquitoes have been previously driven out, and where they can not come in again, the contact with the patient is impossible. This means of isolation has another advantage; that is, that you may put in the same room a patient who has already been proved to have yellow fever and another whom they only suspect of having it, without the latter being liable to catch the disease.

As we have just seen, in our plan of campaign we do not wait until we are satisfied of the existence of yellow fever, but we isolate the patient from the first day that any fever appears, and consequently we isolate him during the first three days, which are the dangerous ones, and those in which the mosquitoes become infected. Experience has demonstrated the sufficiency of the methods we have adopted for the isolation of the sick.

II. DISINFECTION OF THE HOME OCCUPIED BY THE PATIENT.

During the time which elapses between the moment in which a person takes the yellow fever and that in which it is discovered by our agent, he may have been bitten by the mosquitoes and infected them, so that they are ready to spread the disease. In order to prevent this danger we proceed to disinfect the house as soon as it is left empty by the patient. The disinfection in this case has for its only object the destruction of the mosquitoes. In order to accomplish this we close the room as it is ordinarily closed, pasting manila paper over all cracks, and after this has been done we proceed to burn sulphur in the proportion of 20 grams per cubic meter of capacity. The sulphur must be spread in a thin layer, so that all will be burned. In this practice, which is so common and known to all, we have introduced another innovation which seems to me of great importance and

it is this: As it is very difficult to know whether the disinfection has been complete or not we take some mosquitoes which have not been infected and which have been taken from the exterior of the room and put them in the farthest room from the one in which the sulphur is burned. These mosquitoes are put in open vessels, or which are only closed with a coarse cloth, so that it will alow the sulphurous acid to penetrate into the vessel and prevent the mosquito from getting out. These mosquitoes serve us as witnesses. If, at the close of the disinfection, these mosquitoes, which were in unfavorable conditions to suffer from the action of the sulphurous acid, are found dead, we have proof that all the others in the same room and under more favorable conditions for receiving the sulphurous acid are dead also. If, on the contrary, we find them alive, it is a proof that the disinfection was not well done and that it will have to be repeated.

I have already explained in our last meeting the way in which the huts, which in our country are called "jacales," are disinfected. I will therefore not have to repeat it now, and it will be all-sufficient to state this fact: That there is not a house which can not be made perfectly free from the mosquito.

In disinfecting the Pullman cars, other railroad cars, or any limited space where there are delicate objects which can be damaged, we use formaldehyde.

In dry-goods stores, where the sulphur, the pyrtheum, and even the formaldehyde might alter the color of the merchandise, we have used hydrocyanic acid, the result of which is as satisfactory as that of the sulphur and has not the objectionable effect of injuring the merchandise, but on the other hand it can not be used except by a person who is very skillful in its use.

III. DESTRUCTION OF THE MOSQUITO LARVÆ.

Another group of the sanitary agents is employed in making a daily house-to-house inspection of the cisterns which supply the families with water. If the deposit is found to contain larvæ it is emptied and the place in which the water flows is covered with petroleum, the deposit is washed, and the inside surface is searched in such a way that not a larva is left alive; then it is filled with pure water and is covered with a close-fitting lid, with a wire netting, or with a layer of petroleum. All other deposits of water are covered with petroleum, whatever their size, even when they are very small.

As you have just heard, those methods in which we have introduced innovations over those adopted in other countries are the following:

I. Making a register of the persons not immune.

II. Visiting the houses daily, so that the patient can be discovered the same day that the disease begins.

III. The disuse of the mosquito curtains, because their use is insufficient to isolate the patient, and the placing of the patients in rooms whose windows are screened and which have double doors of wire screen.

IV. In order to convince ourselves that the disinfection has been complete we put mosquitoes in the house under unfavorable conditions, so that they can be reached by the action of the disinfectant. If at the close of the disinfection the test mosquitoes are dead we can be sure that the disinfection was well done.

V. We have the means of making impossible the escape of the mosquito from the disinfected houses, even if these are only huts whose walls and roofs are made of grass, or of branches, or of any other penetrable material.

To prevent the disease from attacking a place where there are *Stegomyia* we have proceded in the following manner:

In all towns of this class we establish an inspection upon the arrival of the trains, and in other places where passengers reach the town on horseback, on foot, or in carriages. Each passenger who is to remain in the locality is examined and is kept under watch by our sanitary agents or by the police for five days after his arrival. In the places already invaded by the yellow fever the same inspection is made of all the passengers who take the trains, and they are prevented from leaving if they are ill and if they are not immune and have fever. Could not the passengers take the trains between the points where the inspections are made? The sanitary agents travel continually on the trains which traverse the infected districts, which are at present the small towns in the State of Veracruz and the towns traversed by the Tehuantepec Railroad, so that agents travel between Veracruz and Tierra Blanca, from Cordova to Tierra Blanca, from Tierra Blanca to Santa Lucrecia, from Coatzacoalcos to Santa Lucrecia, from Santa Lucrecia to Tehuantepec and Salina Cruz. If a patient is found on any of these routes he is taken to the nearest hospital and at night the Pullman or railroad car in which the patient traveled is disinfected.

Having thus organized our system of inspection, we have followed it in Yucatan, notwithstanding the fact that for a long time past not a single case of yellow fever has been found either in Merida, Progreso, or in any of the other towns of the State above mentioned. There has not been a single case of yellow fever in Veracruz since December 29, 1904, up to this year. In spite of the vigilance which we have exercised it is possible that

a patient who did not arrive by the railroad nor by the most frequented roads had clandestinely entered the town and was able to remain hidden, and as he was not on the register he was not visited by the sanitary agent. This is the only explanation which we can give of the appearance of this disease in the harbor of Veracruz. We have established a sanitary brigade and a lazaret in Tehuantepec, notwithstanding the fact that the last case that originated in the town was observed many months ago. Another service is established in Salina Cruz and, lastly, in Tierra Blanca, where a small focus was formed. Tierra Blanca is a village at the junction of the three branches of the Veracruz and Pacific Railroad. The village is inhabited by nonimmunes who are employees and workmen on the railroad. As the village is cosmopolitan aud very poor and dirty, it has been truly difficult to completely extinguish the disease, and for that reason a brigade has been established there.

In the other places of the small infected zone, when isolated cases appear a physician and sanitary agents of some experience are sent immediately to proceed with the house-to-house inspection and to disinfect where ever it is necessary and to destroy the mosquito larvæ.

The inclosed table (No. 1) shows the number of yellow-fever cases registered in the above towns, giving the number of cases in each one of them, and that of the deaths caused from this disease in the same places during the year 1904.

It can be seen there were 635 cases registered and that there were 197 deaths in the whole the Republic.

The inclosed table (No. 2) shows the number of cases registered and the deaths caused in each one of the towns mentioned in the statistics from the first day of January to the 3d of August of the present year. It can be seen that 70 cases were registered and 33 deaths. As you can see by comparing the numbers in these registers with those of last year, there is a difference of 565 as the result of the campaign made during that period of time.

Map No. 1, which is marked with yellow dots, shows the places which were invaded by that disease, and the red dots show where the sanitary agents are established.

Table No. 3 shows the number of domiciliary visits made to the persons who are not immune, the tanks of water which were examined and cleaned of larvæ, the number of deposits of water covered with petroleum and the disinfections made, of houses and back yards cleaned, and the notices given to proprietors for the improvement of their houses.

The success which has been reached in Mexico in the struggle against yellow fever and the certainty that in a not far distant future the disease will be completely extinguished, as has been done in the island of Cuba, can be easily seen from the statements already made.

(*b*) *Summary of the sanitary and quarantine laws that have been enacted since the first convention.*

The legal enactments that have been issued in the Mexican Republic since the convention of 1902, amending the sanitary legislation which existed before that date, are set forth in the sanitary code of the United Mexican States under Title I, Chapter I, and in articles 24 to 30, which I here present:

"ART. 24. The consuls will report by wire to the board on the appearance of cholera, bubonic plague, or yellow fever in their places of residence, giving the dates on which the first cases have appeared, and as long as the epidemic lasts they will take care to report to the same board when any ship leaves for the Mexican Republic, the sanitary condition of the same, and of the port of departure.

"ART. 25. In the foreign ports in which yellow fever is endemic the consuls at the time of issuing or indorsing the bills of health will note thereon if at the time of their issue there are any cases of that disease in the port.

"ART. 26. The prophylactic measures to be taken in Mexican ports with the object of preventing the introduction of epidemic and transmissible diseases will consist of the following:

"I. Of the medical sanitary inspection of the vessels.

"II. Of the vigilance over and even isolation of suspected passengers.

"III. Of the isolation of the patients till they are completely cured in the lazarets or other isolated places in the locality.

"IV. Of the disinfection of the vessels, baggage, and merchandise that may require it.

"V. Of the destruction of the animals that might carry the contagion.

"ART. 27. The prophylactic measures referred to in the preceding article will be in every way subject to the provisions of the sanitary regulations, and both the supreme board of health as well as its delegates in the ports will be authorized to detain vessels for as long as may be necessary for the execution of those measures.

"ART. 28. The sanitary control of the ports will be subject to the maritime sanitary regulations in everything relating to the admission of vessels, the visits on entry and departure,

issue of bills of health, prohibition against the importation of merchandise, the destruction or disinfection of the goods as well as of the baggage and vessels.

"ART. 29. The substances which present danger of contagion and whose disinfection can not be guaranteed shall not be cleared for consumption, and if abandoned by the vessel which has brought them will be destroyed by fire.

"ART. 30. On reports presented by the supreme board of health the executive of the Union will declare when foreign ports are to be considered infected or suspected."

I would call your special attention to articles 26 and 27, because practically they tend to abolish quarantine, substituting for it, as you have just heard, a sanitary inspection of the vessels, a vigilance and even isolation of suspected passengers, isolation of the sick until they are completely cured, disinfection of the vessels, baggage, and merchandise that may require it, and destruction of the animals that might carry the contagion. Article 27 declares that the vessels may be detained in the ports only for the time necessary to carry out the measures that I have just mentioned.

As you have just heard, Mexican legislation is entirely in accordance with the formula which I had the honor to propose in the convention of 1902 relative to the doctrine which ought to govern the quarantine measures from the moment that science has served as the basis for the resolutions which are adopted in conventions of this character. This formula is as follows:

To protect the interests of public health without injuring more than is absolutely necessary the interests of trade and the free communication between men.

Among the resolutions adopted by that convention, the second one reads as follows:

"*Resolved*, That the period of detention and disinfection in the maritime quarantine stations shall be as brief as possible, bearing in mind the public safety and the teachings of science."

As you will see, in issuing its sanitary code of the 30th of December, 1902, the Mexican Republic adhered strictly to the resolutions adopted by that convention on the 5th of the same month and year.

It would be very desirable, gentlemen, that the governments of the Republics which are here represented, inspired by the resolution unanimously adopted by the convention of 1902, should bring their sanitary laws into accord with this resolution, which has already been converted into law by the Mexican Government.

It is necessary that we should understand that the present state of civilization requires of the governments of all countries that fear should no longer be the moving sentiment of quarantine provisions, because in that way they will always be excessive in their severity, will go beyond the object desired, will be inefficient, as shown in my paper in 1902, and that they should be substituted by measures enacted under calm reasoning and founded on the one side, on the exact knowledge which is now furnished to us by sanitary science, and, on the other side, on a zealous desire not to injure more than is absolutely necessary the interests of trade and free communication between men.

As in our last meeting I heard an opinion expressed that my proposals were to some extent theoretical and would encounter difficulties in daily practice, as by shortening the periods for the detention of suspected vessels we would incur the danger of not sufficiently protecting the interests of public health, I will now take the liberty of calling the attention of those who kindly listen to me to this consideration:

Our sanitary laws, which are inspired by the two precepts that I have just mentioned have enabled us to defend our ports on the Pacific coast, and consequently to defend foreign ports, during the epidemic of bubonic plague which invaded the port of Mazatlan from the month of October, 1902, to the month of May, 1903. These same sanitary laws have enabled us to prevent the yellow fever, which still prevailed during the past year in the ports of Veracruz, Coatzacoalcos, and Progreso, from spreading to that of Tampico and our other ports on the Gulf coast. These laws, without any amendment or modification whatever, have served for our defense against the epidemic in Belize and at this moment are defending us against the great epidemic in New Orleans without our having to add a single restrictive measure with regard to the vessels which arrive from the above-mentioned places, and they continue to give us the protection we require against the plague that has continued to prevail in the Republic of Chile. We can therefore assert that our sanitary laws, being inspired by the doctrine that for a long time I have sustained—that we must protect the interests of public health with the least possible injury to trade and personal communication—are not a Utopia, but a precept that can be enforced in our daily practice and that has triumphantly supported the test of experience.

Our legislation on international sanitary police is as liberal, or more so, than the English, but is unquestionably more liberal than the legislation of all other countries, and I now come to beg of the convention that the Republics here represented should adopt a practice similar to ours, which is founded on scientific precept, guaranteed by experience, and more than any other favors the interests of trade and the free communication between men.

Although not of a legal character, but on account of the interest which they bear for all nations that are suffering the invasion of yellow fever, I believe that some interest will be felt in the statement of the measures which have successively been adopted by the Mexican Republic in the struggle against that disease, and which, respectively, bear the titles of "Defense against yellow fever" and "New plan of campaign against yellow fever," and lastly, the summary which I read at the commencement of this paper. I present the two first pamphlets as annexes, with the numbers 7 and 8.

I desire not to close this part of my paper without stating, even if only in a summary manner, the measures which are about to be adopted for the purpose of stamping out malarial fever.

III. MALARIA.

One of the contagious diseases that has caused the greatest number of deaths is malarial fever. The bubonic plague, cholera, yellow fever, etc., can not be compared with it from this point of view, because these diseases are acute and localized, while their geographical distribution is limited; but malarial fever is chronic and universal, and all countries of the world have had and still have reason to lament its presence.

The scientific knowledge which we now have regarding the etiology, pathogeny, diagnostics, progress, varieties, and treatment of malaria will allow us to reach the complete extinction of this plague, which has been one of the calamities that have inflicted most injury on humanity.

Malarial fever requires for its production a malaria patient, anopheles mosquitoes, and an individual who is predisposed to take the disease.

When the patient is bitten by a mosquito of the genus anopheles, the latter takes from the blood a parasite which has been called by its discoverer, Laveran, "hematozoaria of paludism."

The Laveran "hematozoaria" is found in the blood of malaria patients in four principal forms, which are called spherical bodies, flagellata, semilunar bodies, and segmented or rosaceous bodies.

The only infallible means of discovering whether a patient has malaria is that furnished by the microscopic examination of the blood. In fact, our practice has taught us that the symptom of "intermittent fever" is not an exclusive accompaniment of malaria, but is also found in other and different morbid conditions. In order to diagnose malaria with certainty, a microscopic examination of the blood is absolutely necessary. The observation of any of the parasites above described in a globule is sufficient to establish the diagnosis, as these parasites are exclusively found in the blood of malaria patients.

The evolution of Laveran "hematozoaria" requires that it should go through two entirely different organisms in order to run through all the phases of its evolutive cycle. One of those organisms is man and the other is the body of the anopheles mosquito.

The females of the insects deposit their eggs in shallow pools of clear water on the edges of the streams or swamps, and even in the small hollows that are left by animals in passing over soft ground. The eggs, larvæ, and pupæ require water for their development.

As in the case of yellow fever, the propagation of paludism requires the concurrence of these three elements:

Firstly. A patient suffering from malarial fever;

Secondly. A mosquito of the genus anopheles to bite him; and

Thirdly. A predisposed person to receive inoculation through the bite of the mosquito.

It is therefore necessary, in order to prevent the propagation of malaria, that we should be able to disassociate the first two elements and give immunity to patients and other persons who may be predisposed by the administration of quinine, which exercises a special action on the hematozoaria of Laveran.

These considerations bring us to the measures which should be adopted in order to prevent the propagation of this disease, and which are the following:

Firstly. The isolation and cure of the patients.

Secondly. The destruction of the mosquitoes that are already infected.

Thirdly. The immunization of predisposed persons.

Fourthly. The means which are intended to prevent the development of new generations of mosquitoes and the destruction of the larvæ that may have been formed.

I. THE ISOLATION AND CURE OF THE PATIENTS.

The first of these measures, the isolation, is in this case more difficult of execution than in that of yellow fever, because it is an acute disease, which obliges the patient to keep his bed. The rapidity with which the disease passes and the necessity of the patient's keeping his bed renders the isolation easy and short. On the other hand, in cases of malaria the patient does not find himself obliged to keep his bed except when the disease assumes an acute form or is very intense. Other persons suffering from malaria can go about their ordinary business, and are thus liable to be bitten by anopheles.

The isolation is therefore a not very efficient method for the prevention of the first requisite; that is to say, a patient who can be bitten by a mosquito.

But, insufficient as this method is, it should be employed whenever possible, as every patient who is placed in a situation in which he can not be stung by the anopheles mosquito is one focus less in the propagation of the disease. The isolation of the patient in this case, as well as in that of yellow fever, consists in placing him in a room the windows of which are provided with fine wire gauze screens, which will not allow the passage of the mosquitoes, and double doors, which should also be screened and arranged in such a manner that on opening the outer one the inner door automatically closes, and vice versa. This can be arranged by means of a chain of a certain length.

Another method of isolation consists in placing a mosquito curtain around the bed, but in speaking of yellow fever I have already related the objections that I find against this method, that, on the other hand, may be very useful if it is employed as a prophylactic measure.

The second of these measures, which is intended to cure the patient, is demanded by this special circumstance: That an attack of yellow fever confers immunity on the person who suffers from it for the first time, but this immunity is not conferred on the person who suffers from malarial fever. Another reason is that the yellow-fever patient can not furnish the germ which produces the disease except during the first three days of the attack, while the malaria patient preserves the hematozoaria as long as the disease lasts. From these observed facts we conclude that the yellow-fever patient ceases to be a focus of infection as soon as the first three days of the attack have passed, while the malaria patient is a focus of propagation as long as he continues sick, and as the disease often allows the persons who are attacked to attend to their ordinary business, they are continually exposed to the bites of the mosquitoes, which are thus infected. Hence the necessity of not only isolating the patients, but also of attending them until they are thoroughly cured.

Fortunately we have two resources on which we can rely. The first is to oblige them to leave the place in which anopheles are found that might bite them. This means has been known from the most ancient times. The other resource consists in the administration of salts of quinine, as it is known that this medical substance possesses the property of destroying the hematozoaria in the blood.

I will not at present enter into the detail of the method of curing this disease with the help of quinine, as that would go outside of the plan which I have proposed to follow in this paper, but from what I have above stated we can form these two conclusions: First, that it is necessary to isolate the patient whenever possible; second, that it is necessary to cure him, so as to obtain the disappearance from the blood of the hematozoaria of Laveran.

As can be seen, these methods are not as efficacious in dealing with yellow fever. The ideal plan would be to obtain the complete isolation of a malaria patient for as long as he is suffering from the disease; but as this is not always practicable, it should be done as far as the circumstances will allow.

II. THE DESTRUCTION OF MOSQUITOES ALREADY INFECTED.

The second measure is as efficacious in dealing with malaria as it has been found in cases of yellow fever. As a matter of fact, the malaria patient is only dangerous because he is liable to be bitten by the mosquitoes of the genus anopheles, which are infected by sucking up the hematozoaria of Laveran in the blood of the patient.

The destruction of these mosquitoes is effected by the same means that are used in dealing with yellow fever, and for that reason there is no need for me to enter into a description of them.

III. THE IMMUNIZATION OF PREDISPOSED PERSONS.

If, unfortunately, the person who suffers a first attack of malaria does not acquire immunity against that disease, and if as yet we have not discovered any substance that will serve as a vaccine that would grant that immunity, we still have the resource that lies in quinine, and which, administered in small doses and for a long period, produces the desired immunity. From this comes the rule of administering small doses of quinine to all persons who live in swampy countries during those seasons in which malarial epidemics make their appearance.

Repeated experiments and continuous observations have demonstrated that the daily administration of 10 to 20 centigrams of quinine is sufficient to confer immunity on persons who have any predisposition to take the disease.

The experiments that the supreme board of health has been carrying on in a rural property denominated "El Dorado," situated in the State of Sinaloa, and one of those places

in which that disease is a scourge, as can be seen from the map that I present herewith, have been highly satisfactory, as is shown by the following table:

Prophylactic results of the daily administration of a small dose of 10 centigrams of quinine during the cane-cutting season.

Number of persons—	Not attacked.	Attacked.	Total.
Who took it regularly	85	2	87
Who took it irregularly	33	12	45
In whom the effect could not be observed because they left the locality			18
To whom it was given in a period of 3½ months			150

IV. THE MEANS WHICH ARE INTENDED TO PREVENT THE DEVELOPMENT OF NEW GENERATIONS OF MOSQUITOES AND THE DESTRUCTION OF THE LARVÆ THAT MAY HAVE BEEN FORMED.

As it may not be possible to enter into the details of every one of the methods that have been taught, firstly by observation and secondly by practical experiments, I will now proceed simply to enumerate them.

A very old experiment that was systematically carried on in England three-quarters of a century ago has shown that the drainage of swamps, the furnishing of an easy outlet to the waters, and the conversion of swampy lands into arable lands, together with the planting of trees of rapid growth which require for their nutrition and development a great quantity of water, as in the case of the eucalyptus, are all measures that have entirely reestablished the health of a district that had previously been for many years a focus of malaria, and at the same time has opened up those lands to agriculture. This measure is therefore of unquestionable efficacy as a prophylactic against malaria, because it prevents the development of mosquitoes of the genus anopheles, the vehicles for the transmission of the disease.

The small swamps and pools, that on account of the conditions of the ground can not be drained, can be filled up with earth, and in this way we can obtain the disappearance of the waters in which the female anopheles could deposit her egg.

Those other water ponds, which for some circumstances can not be drained, planted with trees, or filled up with earth, we can always cover with a thin layer of crude and refined petroleum mixed.

And lastly, the destruction of the larvæ in the water cisterns inside of the dwellings or in the immediate neighborhood, and carried out in the form that is employed for the destruction of the larvæ of the stegomyia mosquito, to which I have referred at length in dealing with yellow fever, is another resource of which we can avail ourselves to diminish the generations of the anopheles mosquito in places in which these insects habitually live.

I have here presented a very brief summary of the measures which the Mexican Government proposes to adopt in its campaign against malaria.

In order to comply with the programme that has been adopted by the convention, I beg to present to the delegates a map which shows the geographical distribution and the comparative intensity of malaria in the different States of the Republic; a diagram which shows the mortality from this disease in those States; and lastly, a diagram which shows the mortality caused in different parts of the Mexican Republic during a period of ten years.

(c) All special sanitary work now in execution or which it is proposed to execute.

The Mexican Government intends to establish sanitary conditions in all the important ports of the Republic, and has already commenced and is about to terminate the sanitation and water-supply works, in accordance with the necessities of the inhabitants, together with a good system of paving on the streets where it is possible to preserve them, in the ports of Tampico, Veracruz, Coatzacoalcos, Salina Cruz, and Manzanillo, and has undertaken investigations in the port of Mazatlan and others for that same purpose.

The sanitation works in Tampico are approaching their termination, as out of the projected system of sewers with a total length of 12,500 meters, 10,000 have already been laid while the whole of the mains and 10,500 meters of distributing pipes have been laid.

The water-supply works are practically complete, as the only thing left to be done is a part of the settling tank in Camalóte and some filling up in the low grounds of the town. The drainage in front of the Government wharf has been completed, and a continuation is being made in front of the lateral wharves.

In Veracruz the construction of the main sewer and of the outfall sewer has been completed, together with the erection of the pumps on the water's edge. The sanitation works in the most crowded part of the city have been completed and a commencement made on the construction of the main drains for the surface drainage of the land that was reclaimed from the sea.

The water dedicated to the necessities of the inhabitants is properly piped and distributed to the different houses.

A contract has been granted for the paving of the city, and the work will shortly be commenced. The principal streets will be paved with asphalt and the others with stone blocks or bowlders.

A sanitary station has been erected in the port of Veracruz which contains the offices of the delegation, warehouse, incinerating furnace, department for disinfection by means of sulphurous acid or formaldehyde; first, second, and third class baths for men; ladies' and gentlemen's toilet rooms, and disinfecting stoves of the latest models. In Veracruz there is also a lazaretto for sick and suspected persons which is erected on a small island called Sacrificios.

Sanitation works have also been commenced in the port of Coatzacoalcos and have already improved the sanitary conditions of that town. Seventy thousand square meters of land have been reclaimed from the river, while all the streets and houses have received a thorough cleansing.

A well-fitted-up lazaretto has also been established in this port.

On the Pacific coast we have a lazaretto in Acapulco, that has been erected on the "Isla de la Roqueta."

In the port of Manzanillo work has commenced on a canal to connect the northern part of the Cuyatlan Lagoon with the ocean so as to keep the waters pure, and this is divided from the southern part of the lagoon by a dike so that the salt beds there can be worked. A canal has also been excavated for the purpose of either draining the San Pedrito Lagoon or of allowing the entrance of the sea water.

Sanitary stations similar to that in Veracruz are being constructed in the ports of Tampico, Mazatlan, Coatzacoalcos, and Salina Cruz, and the construction of similar establishments is under consideration for the ports of San Blas, Manzanillo, and Progreso.

Disinfecting stoves have been established in the ports of Tampico, Veracruz, and Progreso, on the Gulf, and in Acapulco, Salina Cruz, Mazatlan, and Guaymas, on the Pacific coast. Similar stoves are about to be erected in Manzanillo, San Blas, La Paz, Santa Rosalia, and Enseñada, on the Pacific, as well as in Coatzacoalcos, on the Gulf of Mexico.

Disinfecting stoves have also been erected in the cities of Laredo, Porfirio Diaz, Juarez, and Nogales.

Cases and deaths caused by yellow fever in the Republic during the year 1904.

	Veracruz.					Yucatan.		Oaxaca.		Total.
	Veracruz.	Jaltipan.	Coatzacoalcos.	Tejistepec.	Acayucan.	Mérida.	Progreso.	Tehuantepec.	Salina Cruz.	
Cases	76	6	99	253	6	49	34	72	40	635
Deaths	13	2	25	77	5	25	15	30	5	197

Cases and deaths caused by yellow fever in the Republic from January to August, 1905.

	Veracruz.			Yucatan.		Oaxaca.		Total.
	Veracruz.	Coatzacoalcos.	Tierra Blanca.	Progreso.	Mérida.	Tehuantepec.	Juchitan.	
Cases	18	15	27	1	1	5	3	70
Deaths	4	4	18		2	1	3	33

REPORT FROM THE DELEGATE FROM NICARAGUA, DR. J. L. MEDINA.

Gentlemen and Members of the Sanitary Conference: I feel that I am greatly honored to have the opportunity to address you on this occasion. In compliance with the requirements of the scientific programme of this conference, I am pleased to make the following brief statements:

BUBONIC PLAGUE.

I am happy to state, with all certainty, that in Nicaragua we have not had one single case of plague.

Since the appearance of this scourge in Panama and other places in the American continent radical measures were taken in Nicaragua to protect ourselves against this most dreaded disease.

YELLOW FEVER.

We had two cases of yellow fever in Managua during the past year. One of the cases was that of a passenger brought by a vessel from Panama, developing the disease right after his arrival in Nicaragua. The second case also had been exposed to the infection. Both were treated according to the latest methods, isolating the patient and protecting him with the usual wire netting, preventing in this way the spread of the disease.

On the Atlantic side, although our ports are so near to New Orleans, where for months yellow fever has prevailed, not a single case of the fever has been reported, and we expect to continue free from all infection.

MALARIA.

Cases of malarial infection, under different forms, are very common in Nicaragua, just the same as in most of the tropical regions. The treatment is usually rewarded with great success with the usual drugs, but more so with the change of climate.

Our climate is extremely favorable to the general health of the natives as well as foreigners. We enjoy a nearly uniform temperature the whole year, ranging from 70° to 80° F.

Nicaragua has fairly good hospitals in all the principal cities, provided with separate pavilions for the isolation of cases of contagious diseases and supplied with modern appliances in the hands of competent men.

The municipalities under the supervision of the governor of each State have charge of the formation of local sanitary boards of health, performing their duties to the best of their ability, with power to enact and institute the necessary laws for the efficiency of their measures in the interest of sanitation of their locality.

The importance of marine board of health, under uniform laws and regulations, is felt greater to-day than ever before in Central America, due to the construction of the Panama Canal. The work on the Isthmus is to-day and will be for years to come a constant threat to the health of all the neighboring countries.

This being an international and purely American sanitary conference, each one of the different countries here represented, I am sure, will do their utmost for the success of the conference by carrying out faithfully to a practical point all its suggestions.

The Republic of Nicaragua, being well aware of the progress of the world in the science of medicine and sanitation, is willing to do all that lies in its power to bring to the public and our neighbors the confidence that only a well-established marine sanitary corps can bring to a civilized country.

This conference has under consideration now the enactment of treaties binding the Governments here represented to the observance of prescribed rules regarding quarantine service, insuring in this way the health of the people of those countries and avoiding at the same time unnecessary interference with commerce.

To carry out fully the agreements of this conference, it seems to me that our Central American Republics ought to do what Cuba and Mexico have already done, with most wonderful results and the applause of the whole world. The reorganization in Central America of the different boards of health for the quarantine service, under uniform laws and regulations, and purely scientific basis, would be the first step to accomplish this project; and if this conference should help us in this direction, it will deserve our lasting gratitude.

REPORT FROM THE DELEGATE FROM PERU, DR. DANIEL E. LAVORERIA.

The Republic of Peru, in whose name I have the honor of speaking, for reasons regretted in my country, did not have any official representation at the First International Sanitary Conference, which met in this city on December 2, 3, and 4, 1902, at which matters of such interest were discussed and at which conclusions of so much importance were reached. On this occasion the Government of Peru did not desire the same to occur, and on receipt of the invitation from the Bureau of the American Republics for the meeting of the Second Convention, intrusted to me the high honor of representing it at this illustrious meeting.

A short time since my country entered on a new era of life. After the misfortunes it suffered in the war of 1879 to 1881 and the internal convulsions which followed it, which caused so much damage to its progress and the normal progression of its institutions, it has entered on a path of concord and labor, the beneficent results of which are already being felt, notwithstanding the few years it has been on said road. The various branches of the public administration are becoming systematized and perfected, there being taken as an example that which is done in countries more advanced than Peru in civilization and in culture, and among those which are not left behind in the general advance movement is public hygiene.

In accordance with the recommendation of the International Conference of Mexico, "all measures on matters related to the international sanitary police, the purpose of which is to prevent the invasion of contagious diseases and the establishment and vigilance of international maritime and land detentions—that is to say, health stations—are completely under the charge of the National Government," being in charge of a special technical institution, forming part of the department of fomento, the bureau of public health, to which I have the honor of belonging. This office, created by a law of November, 1903, but which did not enter on its duties until February, 1904, is at the present time endeavoring to place the country, from a sanitary point of view, in the most advanced possible situation with the means at its disposal, and, due to its establishment, it is possible for me to give the information contained in this report, in which I make an attempt to confine myself to the programme published by the Bureau of the American Republics.

I.

(a) DATA ON THE PREVALENCE OF CONTAGIOUS DISEASES, ESPECIALLY PLAGUE, YELLOW FEVER, AND MALARIA.

The infectious diseases present in Peru are, with little difference, those found in other American countries. There is only one, the Peruvian "verruga" or "Carrión" disease, which is peculiar to the country, and even this disease is to be found only in some valleys in the mountain range, such as those in the province of Huarochirí, in the department of Lima; others in the province of Canta, of the same department, and some of the Callejón de Huailas, in the department of Anachs. Although its geographical distribution is at the present time limited, it appears that it was not so in remote times, because, according to the statements of the historians of the times of the conquest of the country by the Spaniards, it existed also in other sections of Peru, Ecuador, and even Colombia. At any rate, at the present time it is to be found only in the valleys of the said provinces, either because conditions have changed or for other unknown causes.

This peculiar disease, which may be inoculated, which attacks man and some species of animals, is not contagious from person to person, and does not develop an epidemic character. In order to take it it is necessary to go to the sections where it is produced, which, as has been said, are small valleys in the mountainous section of the country. It is characterized clinically by fever of a very variable type; by anemia, or a considerable reduction in the number of red corpuscles of the blood, the number of which sometimes descends to a million, or even less, per cubic millimeter; by pains in the bones and articular pains, and by an eruption of the skin, and even of the mucous membranes, especially on uncovered portions, consisting of pimples of a red appearance, the size of which varies between that of a millet seed and an orange seed, which bleed easily and dry up, assuming a callous appearance and falling off without leaving any traces. They consist of conjunctive and vascular tissue, resembling a sarcomatous production. This disease, as has been said, is not contagious. Cases of "verruga" are constantly seen in the hospitals of Lima without its transmission to the persons in the vicinity of or attending the patients having been proved.

Malaria is endemic in Peru in many places in the coast regions of the country. The valleys—that is to say, the sections irrigated by the rivers rising in the Andes and emptying in the Pacific, most of which sections are used for the growing of sugar cane, cotton, rice, and some other vegetable products—are the places in which malaria is most prevalent.

Even though it has somewhat decreased in the last few years, especially in Lima, it still remains the disease responsible for the greatest number of deaths in Peru, and although, as a general rule, the forms most commonly observed are the intermittent fevers of the tertian or quartan type, which are easily cured by the quinical treatment when taken in time, all other forms known are seen, cases of pernicious and chronic types with cachexia and extreme denutrition not being rare, although not frequent. The last-named form is seen only when the patient neglects placing himself under the proper treatment in time. The bureau of public health is at present studying the most adequate means for destroying the anopheles, in order to extirpate malaria or reduce it to the lowest possible minimum.

A few cases of malaria are also found in the high or mountainous sections of the country in some valleys where, on account of their warm climate, in spite of their height, the development of the anopheles is favored and in which, on account of their peculiar topographical conditions, small lakes or ponds may be found, favoring the reproduction of these insects; but, as a general rule, it may be said that the Peruvian mountain region is not a malarial country.

In the transandine section, where the climate is hot and damp and the vegetation exuberant and luxurious, in the region of forests and rubber, malaria also exists in some places, but there are others entirely free from malaria.

If the morbility due to malaria is relatively great in Peru, the mortality, on the other hand, is small. Excepting in very backward hamlets or towns whose inhabitants are ignorant of or reject the quinical treatment, the deaths from malaria, even in the pernicious forms, are relatively rare.

Yellow fever does not exist in any section of the Peruvian territory. After the epidemics which took place on the coast of Peru in the years 1854, 1868, and 1881 no other cases of this disease have occurred. On rare occasions, escaping the sanitary restrictions, there have arrived at our ports, coming from Guayaquil or Panama, passengers or members of crews of vessels suffering from this disease, but, being immediately isolated in the lazarettos and protected against the sting of the *Stegomya*, no foci were formed.

The danger to Peru of being infected by yellow fever is her proximity to Ecuador and Panama, countries in which this disease is endemic. This proximity makes the duration of the trip by water from Panama or Guayaquil to Paita and other northern Peruvian ports a short one, consequently permitting of the arrival there of apparently healthy persons, but already infected, within the period of incubation of the fever. On the other hand, the *Stegomya* may be found in some of our ports, and by stinging a sick passenger coming to our coast might at any moment cause a more or less serious epidemic. In order to avoid this, the Government of Peru is directing its efforts, first, to prevent the importation of sick persons or infected mosquitoes, and, second, to the destruction of the mosquitoes susceptible of becoming infected. With this end in view, upon the arrival of vessels at the port of Paita, which is the first port at which vessels engaged in the Peruvian coastwise trade stop, they are subjected to disinfection by sulphurous anhydride, the purpose of which is to destroy any mosquitoes which may be on board the vessel, and after this disinfection—that is to say, after the persons on board can not be infected—the vessel is permitted to load or unload freely and take on new passengers, but the arriving passengers are subjected to observation for seven days; and, on the other hand, a supreme resolution was issued under date of August 1 of the present year commissioning Dr. A. Barton to consider and execute the works to be undertaken for the purpose of destroying the mosquitoes which transmit yellow fever, at the principal points on the coast.

With the same end in view, and the fruit trade between Guayaquil and Panama and the Peruvian coast constituting a danger of the importation of mosquitoes which might be infected, the supreme resolution of September 1 of the present year was issued, which prescribes that such fruits must be placed on the vessels in compartments permitting the destruction of the mosquitoes, which, as is known, in tropical countries conceal themselves in the fruit and even feed on it, this being especially so with bananas (banana edulis).

With regard to bubonic plague, it was unknown in Peru until the month of April, 1903. The ravages this terrible plague of the Ganges caused this year and the previous ones in the western part of America had not extended to the Peruvian coast. San Francisco and Mazatlan were attacked before we were, but it is difficult to say whether it was from one of these places or from the ports of Australia or of India that the epidemic was imported to Peru, because the trade in products susceptible of carrying the Yersin germ or rodents infected with it existed at that time in all of the ports mentioned. It is, nevertheless, very possible that the plague came to Peru in a cargo of rice and wheat left by a German steamer in various Peruvian and Chilian ports.

The first appearance of the disease in man occurred on April 28, 1903, in the port of Pisco; almost simultaneously, on April 29, a laborer in the mill of Santa Rosa in Callao was taken sick.

In Pisco, which has a population of about five thousand, there was no epidemic; only 4 persons were attacked who had come in contact with sick or dead rats. Of these 4 persons 3 died, and 1 recovered. The last case died on May 3, 1903. Since that time—that is

to say, for twenty-nine months—there have been no cases either in man or in animals; that port, therefore, is free.

In Callao, the population of which is 31,000, there were 10 cases between April 29 and June 1, 1903; since that time it has not been necessary to open the lazaretto of the port, because the few cases which have occurred in the twenty-eight months since said date has been transferred to Lima for treatment, which city is only twenty minutes distance by train. Notwithstanding the strenuous campaign undertaken against it, the disease has not disappeared from Callao, because from time to time, sometimes at intervals of three months, there appear cases of plague in man or rodents dead from the disease.

The total number of cases in Callao from April 29, 1903, to June 30, 1905, was 65, with 37 deaths, giving a death rate for bubonic plague in Callao of 56.92 per cent; but there must be taken into consideration in noting this mortality, that many of the deaths due to plague, especially during the first days of its appearance in Callao, occurred because the sick did not subject themselves to the specific treatment, sometimes through ignorance, other times through fear of isolation. A confirmation of this statement is found in the fact that of the only 4 cases which occurred in Callao in the first six months of 1905, which were treated in the lazaretto of Lima, 1 died only, giving a death rate of 25 per cent.

In Mollendo, the principal southern port of the Peruvian coast, with a little over 4,000 inhabitants, the plague also appeared in this year. The first case in man occurred on July 26, and the epidemic lasted until October 8, during which time there were 51 cases and 20 deaths, that is to say, an absolute mortality of 39.60 per cent. After seventeen months of freedom therefrom, in March, 1905, there was a new epidemic which lasted until the 14th of June, last; during this epidemic there occurred 125 cases with 49 deaths, giving a mortality of 39.28 per cent. Of the 125 cases, 115 were treated by the antiplague serum of the Pasteur Institute of Paris, at various stages of the disease, resulting in 40 deaths, or a mortality of 34.78 per cent, and 10 did not receive this treatment, of which 9 died—that is, a mortality of 90 per cent. Adding these figures to those of the previous epidemic, we have for Mollendo a total of 176 cases, with 69 deaths, giving a mortality of 39.20 per cent. Of these 149 were treated with serum, with 49 deaths, giving a mortality of 33.10 per cent; and 28 did not receive this treatment, with 20 deaths, or a mortality of 71.42 per cent.

After Mollendo, the disease invaded the province of Pacasmayo, beginning in the port of the same name, and extending afterwards to San Pedro, the capital of the province, to the suburbs of the same, and to the districts of Jequetepeque, Guadalupe, and Chopén. In this province the disease assumed more of an endemic character than in any other, as between August, 1903, to April 5 of the present year, there were always, with some small intervals, cases of plague in some of the towns composing it. Since April 5 this province has been free from the disease. The total number of cases which occurred in these 20 months was 366, with 211 deaths, representing an absolute mortality of 57.65 per cent; of this total number of cases, 234 received the serum treatment, of which number 117 died—that is to say, a mortality of 50 per cent—and 132 cases did not receive the specific treatment, resulting in 94 deaths, giving a mortality of 71.21 per cent.

The figures for the different sections of the province were distributed as follows:

Pacasmayo.—From August, 1903, to October, 1904 (with short intervals of freedom): Cases 65, deaths 35, absolute mortality 53.84 per cent; treated 44, deaths 20, mortality 45.45 per cent; not treated 21, deaths 15, mortality 71.33 per cent. In January, 1905: Cases 3, deaths 3, mortality 100 per cent; treated 1, deaths, 1, mortality 100 per cent; not treated 2, deaths 2, mortality 100 per cent. Total for Pacasmayo: Cases 68, deaths 38, absolute mortality 55.88 per cent; treated 45, deaths 21, mortality 46.66 per cent; not treated 23, deaths 17, mortality 73.91 per cent.

San Pedro and suburbs.—From October, 1903, to February 1, 1905: cases 135, deaths 92, absolute mortality 68.14 per cent; treated 61, deaths 45, mortality 73.77 per cent; not treated 74, deaths 47, mortality 63.51 per cent.

Jequetepeque.—From September 1 to November 8, 1904: cases 48, deaths 28, absolute mortality 58.50 per cent; treated 24, deaths 7, mortality 29.16 per cent; not treated 24, deaths 21, mortality 86.66 per cent.

Guadalupe.—From November 13, 1904, to March 12, 1905: cases 105, deaths 45, absolute mortality 42.85 per cent; treated 97, deaths 39, mortality 40.20 per cent; not treated 8, deaths 6, mortality 75 per cent.

Chepén.—From January 23, 1905, to April 5, 1905: cases 10, deaths 8, absolute mortality 80 per cent; treated 7, deaths 5, mortality 71.42 per cent.

In Lima, the first case of plague occurred on October 6, 1903, in the vicinity of the warehouse of one of the railroads which connect Lima with Callao, and the following days, nine cases occurred in the same section; this leads to the belief that the disease was imported from Callao to Lima by infected rats which came in the merchandise brought from Callao, which rats in their turn infected the other rats of the town, beginning, as was natural, with those of the district in which the railway warehouse is situated, which district is also one of the least sanitary of Lima and in which dead rats were first found. Since that time

cases of plague have not failed to appear, although on some occasions at intervals of ten, fifteen, twenty, and even twenty-five days between them. The worst months of the year, 1904, were March and April, which months correspond to the beginning of autumn.

The total number of cases in the province of Lima—that is to say in the city and its suburbs, which may be estimated as having a population of 200,000 (the census of 1903 giving the city alone 130,289 inhabitants) was to June 30, 1905—that is to say, in twenty-one months—463, of which 222 were fatal, corresponding to an absolute mortality of 47.94 per cent. Of the 463 cases, 415 were treated with serum and 48 did not receive this treatment, the former resulting in 174 deaths, equivalent to a mortality of 41.93, and the latter in 48 deaths, or a mortality of 100 per cent.

In Paita, a port situated on the northern section of the Peruvian coast, which has a population of 3,500 inhabitants, epidemics of plague have occurred. The first occurred in the month of April, 1904, and lasted to September 9 of the same year, during which time there were 174 cases, with 73 deaths, giving an absolute mortality of 41.95 per cent. These cases are distributed as follows: Treated with serum, 132, with 40 deaths; not treated with serum, 42, with 33 deaths; which gives a mortality of 30.30 per cent for the former and of 78.57 for the latter. From September, 1904, to May, 1905—that is to say, for eight months—the plague disappeared from Paita, there being no cases either in man or in rodents; it reappeared in May of the current year, and continued until June 30, causing 6 deaths in 10 cases (absolute mortality 60 per cent), of which 8 treated with serum, resulted in 4 deaths, and 2 not treated, 2 deaths, or a mortality of 50 per cent for the former and of 100 per cent for the latter. The total number of cases, adding those in the two epidemics, on June 30, reached the sum of 184, with 79 deaths, equivalent to a mortality of 44.02 per cent; of these 140 were treated with serum, with 44 deaths, and 44 not treated, with 35 deaths, equivalent to a mortality of 31.42 per cent and 79.54 per cent, respectively. At the time of my departure from Lima the epidemic had not disappeared from said port, there being some patients in the lazaretto when I passed through the port.

The port of Salaverry, which has a population of about 1,000 inhabitants, was invaded after that of Paita, the first case in man appearing on June 27, 1904, and the last on September 4 of the same year, and in the sixty-eight days between these two dates 36 cases occurred, with 20 deaths, giving an absolute mortality of 55.55 per cent. Of the 36 cases, 27 were treated with serum, resulting in 11 deaths, and 9 not treated, with 9 deaths, giving a mortality for the former of 40.74 per cent and of 100 per cent for the latter. At present this port is free from the disease.

The small village of Huanchaco, adjoining that of Salaverry, which has about 400 inhabitants, was free during the epidemic in Salaverry; but although the latter had concluded the beginning of September, 1904, as has been said, in the month of January, 1905—that is to say, four months afterwards—it appeared in Huanchaco, where there occurred 31 cases, with 13 deaths, up to February 2 of the same year, when the last case occurred. The absolute mortality was, therefore, 41.93 per cent. The 31 cases were treated with serum, so that the mortality with relation to the specific treatment was the same as the absolute mortality.

In the department of Lambayeque the plague appeared on September 14 in the town of Eten, which has from three to four thousand inhabitants. On September 26 it invaded the city of Lambayeque, and on February 2, 1905, that of Chiclayo, which is the capital of the department. The epidemic concluded in Eten and in Lambayeque in the month of April, and in Chiclayo on May 28 of the present year, since which date the department has been free from the disease.

The cases which occurred were: In Eten, 103 with 67 deaths, giving an absolute mortality of 65.04 per cent; treated with serum, 63, with 29 deaths; without treatment, 40, with 38 deaths; mortality among the former 46.31 per cent, among the latter 95 per cent. In Lambayeque, 61, with 28 deaths; absolute mortality 45.90 per cent; treated, 53, with 20 deaths, mortality 37.73 per, cent; not treated, 8, with 8 deaths; mortality 100 per cent In Chiclayo, 167, with 122 deaths—that is to say, an absolute mortality of 73.05 per cent; treated, 82, with 46 deaths; mortality 56.09 per cent; not treated, 85, with 76 deaths; mortality 89.41 per cent.

Finally, the small village of Yaminchad, of the district of San Pablo, in the province of Cajamarca, was invaded by the plague, coming undoubtedly from the province of Pacasmayo, which it adjoins, on March 2, 1905. The epidemic was extinguished on the 31st of the same month, after having caused among its 500 inhabitants 14 cases, with 14 deaths, of which 7 were treated with serum and 7 not, all of them succumbing and the epidemic disappearing.

If we make a recapitulation of the data contained above on the bubonic plague, we have:

Locality.	Time of the epidemic.	Duration.	Population.	Total of cases.
Pisco	Apr. 28 to May 3, 1903	6 days	5,000	4
Callao	Apr. 29, 1903, to June 30, 1905.	2 years and 2 months.	33,000	65
Mollendo	July 26, 1903, to Oct. 8, 1903; May 1, 1905, to June 14, 1905.	178 days	4,000	176
Pacasmayo (province of)	Aug., 1903, to Apr. 5, 1905.	20 months	50,000	366
Lima (province of)	Oct. 6, 1903, to June 30, 1905.	1 year and 9 months	200,000	463
Paita	Apr., 1904, to Sept. 9, 1904; May, 1905, to June 30, 1905.	7 months	3,500	184
Salaverry and Huanchaco	June 27, 1904, to Sept. 9, 1904; Jan. 15, 1905, to Feb. 2, 1905.	87 days	1,400	67
Lambayeque (department of)	Sept. 14, 1904, to May 28, 1905.	7½ months	50,000	331
Yaminchad	Mar. 2 to 31, 1905	29 days	500	14
Total			347,400	1,670

Locality.	Morbility per 1,000 inhabitants.	Restored to health.	Dead.	Absolute morbility, per cent of pest stricken.	Treated with serum.	Restored to health.
				Per cent.		
Pisco	0.80	1	3	75.00	1	0
Callao	1.87	28	37	56.92	(a)	(a)
Mollendo	44.00	107	69	39.20	148	99
Pacasmayo (province of)	7.32	155	211	57.65	234	117
Lima (province of)	2.31	241	222	47.94	415	241
Paita	52.57	105	79	44.02	140	96
Salaverry and Huanchaco	47.85	34	33	49.25	58	34
Lambayeque (department of)	6.62	114	217	65.55	198	198
Yaminchad	28.00	0	14	100.00	7	0
Total	4.80	785	885	52.99	a 1,201	a 690

Locality.	Patients that died.	Morbility per 100 dead.	Treated without serum.	Restored to health.	Dead.	Morbility per 100 not treated.
		Per cent.				*Per cent.*
Pisco	1	100.00	3	1	2	66.66
Callao	(a)	(a)	(a)	(a)	(a)	(a)
Mollendo	49	23.10	28	8	20	71.42
Pacasmayo (province of)	117	50.00	132	38	94	71.21
Lima (province of)	174	41.93	48	0	48	100.00
Paita	44	31.42	44	9	35	79.54
Salaverry and Huanchaco	24	41.37	9	0	9	100.00
Lambayeque (department of)	95	48.02	133	11	122	91.72
Yaminchad	7	100.00	7	0	7	100.00
Total	a 511	42.52	a 404	a 67	a 337	83.41

a The numbers corresponding to the items of "Treated with serum" and "Without serum" in Callao are lacking, because many of them were before the organization of the bureau of health

It should be noted that in the figure 1,201, which is the number of those who received the serum treatment, and in that of 42.54 per cent, which is that of the mortality among them, are included all who received inoculations of this specific at any stage of the disease, some of them a few hours before their death. The death rate would be much lower, it might be reduced to 25 per cent or 30 per cent, if there were taken into consideration only those who received the inoculations during the first twenty-four or forty-eight hours of their sickness. Logically, those who received inoculations during their last moments, when their organism had already succumbed to the infecton and the poison of the plague bacilli, can not be considered as having received the serum treatment.

Of the other infectious diseases there is little to be said in so far as Peru is concerned.

Typhoid fever is prevalent in many sections of the Republic, but the average general death rate is low; it is higher in the very populated sections of the coast, such as Lima, the capital; it is less prevalent in the mountain districts. In 1903 the number of deaths due to enteric fever

in Lima amounted to 142, which with reference to 130,289 inhabitants, which is the figure given by the census of that year, represents a mortality of 1.08 per 1,000 inhabitants. In 1904 this figure fell to 0.88 per 1,000, as, with a population of 131,499, which may be accepted as the population of Lima, there were 117 deaths in the year. It is as yet impossible to give exact figures for the rest of the Republic.

The hydric origin of this disease, which is one of the easiest to prevent, being known, the municipalities and the Government are installing or improving potable waterworks of many towns of the country, especially in those where this disease is of most frequent occurrence. Lima is supplied with works furnishing potable water of very good quality, but at certain seasons of the year it is necessary to use river water in order to increase the supply of the city, and at the present time the municipal board of the capital is seeking some means to correct this defect. In Callao, a service of potable water to houses has been established for some years. In the principal towns of the coast and of the mountain district the same is true, and at the present time this service is being installed in El Cuzco, in Puno, and other towns, and plans are under consideration for its establishment n Moquegua and Iquitos.

Examthematic typhus does not exist on the coast, but it is frequently found in the towns of the mountain district, where it is known by the name of "tabardillo." It is not as yet possible to give figures respecting its morbidity and mortality, because up to the time of the creation of the bureau of health there was no central office whose duty it was to gather the respective data, which were first received from the provinces a short time since. It appears in some towns of the mountain section from time to time in the form of small epidemics, but causing a high death rate. The general sanitation of the towns of Peru which was undertaken in connection with the bubonic plague, which will improve the sanitary conditions of the country, will cause this disease to diminish, if not to disappear altogether.

Smallpox, in spite of the large number of vaccinations in past years, has not as yet disappeared from the country. From time to time in different places small epidemics appear which are limited by themselves on account of an absence of susceptible subjects. Vaccination is made obligatory by the law of January 3, 1886, during the first six months after birth, and at the ages of 11 and 21, and revaccination every time the sanitary officials believe it necessary. In the month of March of the present year, in view of the epidemic of smallpox which existed on the coast of Chile, a supreme resolution was issued ordering a general revaccination throughout the Republic and creating, with this end in view, a corps of official vaccinators, who, together with the physicians who ordinarily perform this work, will render the extraordinary service which is still being conducted.

Measles appears also in small epidemics periodically in Lima and other cities of the Republic. It does not, excepting on very rare occasions, assume a grave form. It attacks children almost exclusively.

Scarlet fever and diphtheria are diseases which are extremely rare in Peru. The former produced in Lima in 1903 only 3 deaths and 5 in 1904, there being some years, as 1902, 1900, etc., when there was not a single death from this disease. Diphtheria was responsible for 12 deaths in 1903 and 8 in 1904.

Influenza was unknown in the country until 1890. Since that year it has not failed to appear, there having been a serious epidemic in 1892, which in Lima alone caused 354 deaths; in 1900 there was another which caused 195 deaths, and in 1904, the last, which caused 103.

Tuberculosis of the lungs is a disease which causes the greatest ravages on the coast of Peru. In Lima it may be estimated that the mortality due to tuberculosis is 25 per cent of the general mortality. The number of deaths due to tuberculosis of the lungs in Lima in the years 1903 and 1904 were 288 and 228, respectively. It is to be hoped that by means of the works of sanitation already executed or in course of execution this figure will be considerably reduced, as may already be noted by comparing the figures for the last two years. In the mountain district tuberculosis is an exceedingly rare disease, which is explained by the altitude at which the towns are situated, and especially on account of the outdoor life and the small population.

Uta is a disease peculiar to certain hot regions of the mountainous section of Peru. It has been confused by many observers with lupus or tuberculosis of the skin, but there are certain small differences between them, which perhaps give sufficient reason to separate them. Its form is that of ulcerations, with a tendency to phagedena, which, if not treated in time, mutilates the organs attacked, producing irreparable lesions and deformities of a repulsive aspect, as they most commonly affect the face or uncovered portions of the body. The investigations made by the observers of the country have not all been concluded as yet, but the majority of them consider, as has been said, that "uta" is a cutaneous tuberculosis, or lupus.

Cholera has never invaded the national territory, notwithstanding the fact that it has prevailed in Chile and other countries of South America.

Beriberi is unknown in Peru, at least on the coast and in the mountainous section. It is probable that it exists in the forest section, as it exists in the adjoining provinces of the

Republic of Brazil. With the Japanese immigration, which has been occurring on a small scale recently in Peru, this disease, which was formerly known by name only, became practically known in our Lima hospitals, and the cases observed in Japanese immigrants have shown that the disease is either not contagious or that the coast of Peru does not present a propitious medium for its propagation, because, notwithstanding no precautions of any kind having been taken, it has never on any occasion spread to the nurses or other patients.

Leprosy is also a disease entirely unknown in the country, notwithstanding its prevalence in Colombia and Ecuador. In the department of Piura, which adjoins Ecuador, and in that of Loreto, adjoining Brazil, occasionally Ecuadorian or Brazilian lepers are seen, who come there seeking a good climate for their disease. In Lima some Chinese lepers have also been seen. As the disease does not exist among the Peruvians and as it is easy for it to develop by the immigration of foreign lepers, in view of the contagious character of leprosy, recognized by most writers on the subject, the Government of the Republic recently issued a resolution prohibiting the entry into the national territory of lepers and ordering the isolation of those in the department of Loreto, which, as has been said, are imported cases, in a leper hospital, which has been ordered built.

Years ago there occurred in various sections of Peru epidemics of dysentery. At the present time this disease is neither endemic nor epidemic in any section of Peruvian territory. On some occasions cases of sporadic dysentery may be observed in our hospitals, but in most cases the so-called dysenteries are nothing but ulcerous colitis or membranous ulcers, which easily respond to the proper dietary and medicinal regimen without ever assuming a contagious character.

Anchylostoma doudenalis exists in Peru in the so-called trans-Andine or forest section and is almost always acquired by the drinking of bad unfiltered water or by eating uncooked vegetables, which, having been irrigated with such water, may, like it, become the vehicle of introduction of the eggs of this parasite into the digestive canal. Its persistence and reproduction in the human intestine produce pathological effects known among us under the name of "mountain anemia" and by that of anchylostomiasis or anchylostomacia in other countries. It consists, essentially, in a profound anemia, with aortic symptoms, œdema, fatigue, palpitations, serous discharges, diarrhea, and consuptive phenomena, which lead to a fatal termination if a rational treatment be not begun in time. In our hospitals thymol has been found to give very good results as a parasiticide in the special case of anchylostomiasis. Its prophylaxis consists specially in drinking only filtered water (Pasteur-Chamberland filters) or boiled water and in eating cooked vegetables in places where the parasite is frequently found.

Rabies does not exist in Peru. "Carbón humano," which was relative frequent in past times, has diminished considerably. Tetanus is present, but rare.

II.

(b) SUMMARY OF THE SANITARY AND QUARANTINE LAWS ENACTED AFTER THE FIRST CONVENTION.

(c) ALL SPECIAL SANITARY WORKS IN COURSE OF CONSTRUCTION OR WHOSE CONSTRUCTION IS PROPOSED.

Even though the scientific programme, published by the internal sanitary bureau for the reports of the delegates at this second conference, prescribes that there be indicated only the sanitary and quarantine laws enacted after the first one, which took place in December, 1902, Peru not having had a representative thereat and being desirous of giving as full an idea as possible of the sanitary organization of my country, some of whose institutions and laws are of a date prior thereto, I will deviate somewhat in this point from the said programme, begging the conference to pardon me for this as also for treating in the report together the subjects (b) and (c), which I am forced to do because in Peru sanitary work both with regard to legislation and the actual work of sanitation is at present in course of execution, making it difficult to separate the laws, regulations, or resolutions of sanitation from the works and installations of the same character which supplement them.

1. *Sanitary organization.*—The sanitary service may be considered as divided into two classes—general and local.

The former, consisting in the issue of marine and land sanitary regulations, measures to enforce the observance of the same and of the existing laws, the study and execution of the reforms and works necessary to improve the sanitary conditions of the country, the prophylaxis of exotic diseases and the struggle against the endemic and epidemic diseases existing in the country, the organization of the demographic medical statistics and the classification of diseases for the purposes of the registration of mortality in the national territory, etc., are under the charge of the bureau of health, which is one of the three branches of the ministry of fomento.

The latter, that is to say the local service, is under the charge of the municipalities.

The bureau of health, created by the law of November 6, 1903, which commenced to operate in February, 1904, consists of two divisions—that of hygiene and that of demography. The chief of the bureau is Dr. Julian Arce, a man well known in the country by reason of his works on sanitary subjects. The director of health is under the direct jurisdiction of the minister of fomento and, through his intermediary, of the President of the Republic.

The division of hygiene and that of demography each have a technical chief and the necessary employees for the service; the undersigned is the chief of the division of hygiene; Dr. Rómulo Eizaguirre is the chief of the division of demography. In addition, a special division is in course of formation for the direction and execution of all the potable waterworks in the country, which division is in charge of Dr. Abel S. Olaechea, a physician belonging to the bureau of health.

As a consulting board of the bureau, we have the supreme board of health, the president of which is the minister of fomento, and whose members are the professors of the faculty of medicine, members of the National Academy of Medicine, the director of the Public Charity Association, the director of the navy, the chief of the consular division, a State engineer, the president of the chamber of commerce and the mayor of Lima.

As may be seen, the bureau of health, advised when necessary by the supreme board of health, forms the central office, under whose jurisdiction come all the general hygienic and demographic services of the country. Its recent establishment and the special conditions present in the country by reason of the existence of bubonic plague, have not as yet permitted of their developing their activity to the full extent of the sphere of action assigned them by the law, but it is the intention of the Government of the Republic and the personnel of the bureau to broaden the radius of its powers, by creating special divisions for the different branches under its jurisdiction, in order to specialize its personnel in each of such branches and thus secure the greatest efficiency. The first step with this end in view has already been taken by the creation of the office of physician to the division of hygiene, charged with the study of questions pertaining to potable water exclusively. With the same end in view, the bureau of health, by virtue of a special law and regulations, sends annually to Europe or to the United States, at the option of the persons interested, two young physicians, and supports them for two years in the study of a special subject, and maintains in Europe a sanitary agent to keep it informed of any matters which may be of interest. With the same purpose in view, it requested and procured through the kindness of the American Government permission to send to Panama and form a part of the sanitary commission of the canal a Peruvian physician and an engineer, to learn from their American colleagues the methods and procedure employed in the work of civilization and humanity which the Government of that great country is executing on the Isthmus.

The bureau of health has charge of and devotes special attention to the study of all questions pertaining to potable waterworks and the drainage of the towns of Peru. This branch of public hygiene, one of the most important, calls for a specially qualified personnel, which it does not as yet have, but which it intends to acquire shortly, engaging in Europe or in the United States sanitary engineers whose services are to be used until the national engineers are qualified. Notwithstanding this lack of personnel, plans for and works of this character are being made, with the assistance of foreign engineers and even with some few natives who have studied this branch in other countries. Thus at the present time plans are in course of preparation for the potable water service, and drainage of Iquitos, Moquegua, Cuzco, Puno, etc.

The division of hygiene has charge both of the marine and land sanitary service. For the former it has:

A. The sanitary stations of Callao, Paita, and Ilo.
B. The sanitary services of the other ports.
C. The sanitary and municipal physicians.
D. The sanitary police.

For the land service of sanitation, it has:

A. The departmental and provincial boards of health.
B. The municipal and sanitary physicians.
C. The lazarettos.
D. The service of vaccination and serotherapy.
E. The sanitary police.

Shortly it will also have, as has been said, a force of sanitary engineers.

MARINE SERVICE.

A. *The sanitary stations of Paita, Callao, and Ilo*, that is to say, of one of the southernmost ports of the Peruvian coast, of one of the northernmost and of the principal and central port, were created by a law of November 20, but did not begin to be installed until the bureau of health had been established, when the funds necessary therefor were appropriated in the

budget of the Republic. These stations, the purpose of which is to serve as a filter against the importation into the country of exotic pestilential diseases by water, are not as yet fully equipped, in the sense that they do not as yet comprise all the services or divisions of which they should consist.

(a) *The sanitary station of Callao.*—It comprises:

1. *Service of sanitary inspection of vessels on arrival.*—Before being entered, vessels arriving at Callao, as in any port of the Peruvian coast, are subjected to a sanitary inspection, which, in Callao, is made by the provincial physician. The latter, after examination of the bills of health and other sanitary documents, and observing the passengers and members of the crew, as to the state of their health, visits each of the compartments of the vessel to examine its state of hygiene and to determine what, if any, precautionary measures should be adopted and their character.

If the vessel comes from a clean port and has no sick on board or no suspicious cargo, the only measure adopted is that of vaccinating the passengers or members of the crew who have not recently been vaccinated. When the vessel carries immigrants, they are also examined for leprosy, for the reason that the entry of lepers into the territory of the Republic was forbidden by a supreme resolution of March 17 of the present year.

2. *Service of disinfection of vessels and their cargo.*—If the vessel comes from a port which is infected or suspected of being infected with yellow fever, bubonic plague, cholera, or smallpox, or has on board persons sick or suspected as being sick of one of these diseases, or has a cargo from a place in which one of these diseases exists in an epidemic form, which is established by the sanitary inspection and the examination of the ship's papers, such vessel is subjected to precautionary measures which vary according to the cases, but which, in so far as the vessel herself and her cargo are concerned, consist in the disinfection of the compartments of the vessel which do not inspire confidence.

For this work the sanitary stations of Calloa has two "Clayton" apparatus, type B, which each produce 23 cubic meters of gas per minute, mounted on special vessels, one of them steam, and managed by the necessary technical force. These are used for the disinfection of the holds of the vessel and of the merchandise therein, as well as the storerooms of the vessel, when it is desired to destroy the rats on board, the quarters of the crew, and in general all compartments of the vessel which can be closed to avoid the escape of the gas.

The disinfection by Clayton gas (a mixture of air, sulphurous anhydrid, and small amounts of sulphuric anhydrid) is effected by filling the compartments to be disinfected with gas, at the same time that the air therein is extracted, and then closing them, leaving the merchandise in contact with the gas for five or six hours. The total duration of this operation varies naturally with the size of the vessel, but in the largest which come to Callao, it never exceeds eight or nine hours, being reduced to six or seven for those of average tonnage. This disinfection takes place simultaneously with the other sanitary measures on the vessel, so that the duration thereof is the maximum delay which the sanitary precautions cause a vessel in Callao before she is permitted to unload.

For the disinfection of the other departments of the vessels, such as the cabins, staterooms, saloons, etc., when necessary, formaldehyde apparatus under pressure are used; the sanitary station of Callao has four of these apparatus of the largest size, manufactured by the firm of Kny-Scheerer Company, of New York. The disinfection of the baggage, clothing, of the crew, etc., is effected in the steam box of the vessel, or on shore if the suspicious baggage has been landed, formaldehyde or sulphurous anhydrid being used for goods which could not stand disinfection by steam under pressure.

In cases of vessels manifestly infected, the floors, walls, ceilings, furniture, etc., are also washed with disinfecting solutions (chloride of lime, bichloride of mercury, lysol, creolin, carbolic acid, etc.) applied by means of pumps under pressure.

All these operations are under the direction of a sanitary physician and executed by the technical force which the service requires. The force in charge of this service when I left Callao was the following:

Physician in chief, Dr. Fabio M. Reynoso.
One assistant.
A machinist to run the steam launch and one of the Clayton apparatus mounted thereon.
One assistant for the same.
One helmsman for the vessel.
One fireman.
One watchman.
Two sailors.
Two laborers.
One machinist to run the other apparatus.
One assistant.
One watchman.

The cost of the disinfections is charged to the companies owning the vessels, but this price is a low one, as the value of the material used only is charged. The disinfection of the large

passenger and freight steamers which touch regularly at Peruvian ports—the Pacific Steam Navigation Company, Compañía Sud-Americana de Vapores, Kosmos Line, Lamport & Holt, Merchant Line, etc., entails an expense of 35 to 100 silver soles, or $17 to $50 each. Vessels of small tonnage get the service free.

The disinfection of the vessels and of their cargo is made, according to the cases, either on their arrival, to prevent the importation of exotic diseases, or on their departure, when it is a question of a Peruvian port being infected, to prevent other Peruvian or foreign ports at which the vessel touches from becoming infected in their turn. At the time of mydeparture from Callao vessels were being disinfected on their departure from the port, which adjoins Lima, where there were some cases of bubonic plague, and in that of Paita, where there were also some, if dangerous cargo had been received.

3. *Service of disinfection of baggage.*—This service, at the sanitary station of Callao, is effected on land, in provisional apparatus, consisting of a steamer of German manufacture and appliances for the generation of gaseous formaldehyde. Together with the material for the building of the sanitary station at Callao, six more boilers have been ordered from Europe, of large size, two of which will be assigned to this port, in order to expedite the disinfection which now takes place with one boiler only.

The baggage is disinfected with steam or formaldehyde, according to its character, when this is necessary; but all baggage is examined by the sanitary officer in charge of this service before being permitted to be placed on board in Callao in order to prevent its carrying pestiferous germs to other parts of the country or abroad.

The force engaged in this service at the sanitary station of Callao is composed of:

One physician in chief, Dr. Justo L. Castro Gutierrez.
One assistant, a medical student.
One machinist for the boiler.
One employee for the formaldehyde apparatus.
One watchman.
Two laborers.

This force will be increased on the arrival and installation of the new boilers. The service is free. Its efficiency, both as to the disinfection by steam, as by formaldehyde, has been experimentally proved on several occasions.

4. *Service of treatment of contagious diseases.*—Among the buildings ordered of the firm of Humphreys, of London, England, for the sanitary station of Callao, are included two pavilions of twelve beds each for the treatment of two different diseases simultaneously, and one pavilion with two beds for patients under observation. These buildings of iron and wood will come ready to be put up and equipped immediately. They should reach Callao in the month of December or January next, and the equipment will have all the appliances necessary for this service.

At the present time there is in provisional use for this purpose a floating lazaretto; that is to say, a national vessel has been set aside for the purpose, equipped with the most indispensable elements for the purpose. Smallpox patients arriving in Callao on vessels coming from the Chilean coast during the late epidemic in that country have been receiving attendance on the same. There are also on land in the zone which will be occupied by the pavilions of the sanitary station wooden barracks, which were built in the year 1903, when the bubonic plague appeared in Callao, which are now closed but which are ready to be opened again if any vessels carrying persons suffering from this complaint should arrive in Callao.

The floating lazaretto has, in addition to the marine force necessary for the maintenance and care of the vessel, one physician, one pharmaceutic nurse, and one assistant. The barracks or lazaretto on land, being closed as they are, have at the present time no force in attendance, but if they should ever be opened they would come under the technical direction of the city physician of Callao, as prescribed by the sanitary regulations. The attendance of patients suffering from contagious diseases is free.

5. *Service of isolation of and surveillance against contacts.*—The sanitary station of Callao will include among its buildings a pavilion for the quarantine of healthy passengers, composed of 40 separate rooms, for one or two persons (passengers of the first class), one dining room, one sitting room, kitchen, servants' rooms, water-closets, baths, etc., independent of all the other services of the sanitary station, and with a similar equipment, but not as comfortable, for third-class passengers. At the present time there are no conveniences for this service, and the Government is endeavoring, with this end in view, to purchase a pontoon which, after the installation of the service in its own building, will be used for the sanitary observation of immigrants.

There being at the present time no building for the observation of passengers in Callao, recourse is had, according to the cases, either to observation on board the vessel which carries them, until the dangerous period has passed (which is done at the present time with passengers coming from Panama and Guayaquil who arrive in Callao after five or six days from the date of their departure from said ports, who are forbidden to land for one or two days, in order to make up seven days, which is considered as the average period of incubation

of yellow fever), or to a sanitary passport, which permits passengers to land, with the obligation of leaving their address, in order that they may be visited daily by the sanitary doctors until their dangerous period shall have passed (which is done at the present time with passengers coming from ports in which bubonic plague is suspected to exist).

The service of medical surveillance of the passengers, when quarantined on board, is under the charge of the city physician of Callao; on land, the service is under the charge of the sanitary physicians of the cities.

6. *Service of inspection of passengers on departure.*—Although Callao can not be considered as a port infected with bubonic plague, as there is no epidemic there, cases appearing only from time to time, whose source can not be exactly determined, many of which probably originated in Lima, this circumstance, and its short distance from the capital (14 kilometers), with which it maintains a continual traffic and in which, although few in number, cases have not been absent since 1903, cause it to be considered a suspicious port and make it necessary to examine passengers on their departure, as a means of avoiding any of them taking the germs of this disease to other Peruvian or foreign ports. Persons having febrile or suspicious symptoms, from the standpoint of the plague or any other grave epidemic disease, and persons not vaccinated or not recently vaccinated, are not permitted to continue their trip. This precaution, together with the inspection and disinfection of baggage going from Callao, which are done as strictly as possible, constitute a guaranty against the infection of the vessel and is adopted, not only in Callao, but in all other ports which may be considered in any way suspicious.

The service is under the charge of a sanitary physician, who gives the vessel on her departure from Callao a list or roll of the passengers and crew examined by him and whose baggage has been disinfected, in order that the physician of the port of destination of the vessel may know what passengers may be freely allowed to land and which ones should be placed under surveillance before being permitted to do so.

7. *Other services of the sanitary station.*—At the present time, the services appurtenant to those mentioned, such as laboratory, ambulance, mortuary, washing, administration, etc., are effected, provisionally, in loaned buildings. The sanitary station ordered from Europe will comprise a pavilion for the medical force and their assistants, an office, pharmacy, laundry, disinfection, ambulance, laboratory, and mortuary.

8. *The sanitary police.*—This is a body organized in the form of the police force of cities. At the sanitary station of Callao it enforces the observance on land or on board of the vessels of the sanitary measures adopted. For the service of this station twelve inspectors are usually detailed under the command of an officer and under the jurisdiction of the sanitary physicians.

(b) *Sanitary station of Paita.*—With the differences due to the smaller traffic at this port, the sanitary station is organized in the same manner as that of Callao and comprises almost the same services as the latter. In that of Paita the following services are in operation:

That of sanitary inspection of vessels and passengers, vaccination, etc.

That of disinfection of vessels and cargo by means of a "Clayton" apparatus, type B, similar to those of Callao, mounted on a special vessel.

That of disinfection of baggage by "Clayton" gas and by formaldehyde, in special chambers and by means of Kny-Scheerer Company pressure apparatus.

That of attendance on patients having contagious diseases, in a lazaretto recently built on land and which, when I passed through said port, was in use for the plague patients in Paita.

That of inspection of passengers on departure, by reason of there being bubonic plague in said town.

That of sanitary police.

Within a short time there will also be in operation the quarantine isolation of passengers, the construction of the building for which was to have begun at the time I left Lima, on a plan similar to that of Callao; that is to say, having separate rooms for passengers of the first class and wards for those of the second, dining rooms, baths, etc.

That of disinfection by steam ovens. One of the large ovens ordered from Europe, which will arrive shortly, is destined to Paita.

The force in charge of the sanitary station of Paita consists of a sanitary physician, the chief of the station, a titular physician in charge of the attendance of the sick in the lazaretto, a mechanician, a fireman and a watchman for the service of the "Clayton" apparatus, an employee in charge of the formaldehyde apparatus, nurses and attendants in the lazaretto, the number of which varies with the number of patients, laborers for the work of disinfection, and four sanitary police inspectors..

The purpose of the measures adopted with vessels arriving in Paita from the north is, principally, to prevent the importation of yellow fever from Panama or Guayaquil, Paita being the largest northernmost port of the Peruvian coast, and the principal object is to destroy the mosquitoes. The measures adopted on departure from Paita have for their principal purpose the avoidance of the propagation to other ports of the bubonic plague, which exists there at the present time, and consist in the destruction of the rodents.

The prices charged for the disinfection of large vessels are the same as in Callao; that is to say, charge is made only for the cost thereof. The first disinfections made in Paita were effected by the undersigned in person in the month of June, 1904.

(c) *The sanitary station of Ilo*, which is one of the southernmost ports of the Peruvian coast, is destined, principally, to prevent the importation into Peru of any epidemic diseases existing in the countries to the south. It is to have the same services as those of Paita and Callao, but on a smaller scale than the latter, as its commerce is smaller. At the present time, with a force consisting of a sanitary physician, the chief of the station, an assistant specially in charge of vaccination, a mechanician, a fireman, a watchman, and the necessary laborers, the following services are in operation:

The medical inspection of vessels, vaccination, etc.

The disinfection of vessels and of their cargo by means of a "Clayton" apparatus, type B.

The disinfection of baggage by "Clayton" gas or formaldehyde (Kny-Scheerer apparatus).

Soon there will be added:

Disinfection by a steam oven.

Attendance of sick in a lazaretto.

Quarantine isolation of passengers healthy but suspicious. The building for this service must be in course of construction at the present time.

The port of Ilo having a small trade, a majority of the vessels arriving there touch only for the purpose of being disinfected in order to prevent their being subjected to any unnecessary delay, at the port of Mollendo—which is the next port north of Ilo—four or five hours from the latter, vessels are permitted, upon their holds being filled with gas, to continue northward without awaiting the five hours necessary for the contact of the gas with the merchandise, but leaving with their holds closed and sealed, to be opened at Mollendo in the presence of the sanitary physician of that port.

The price for the disinfection is the same as that in Callao and Paita.

B. *Sanitary services in other ports.*—In addition to the sanitary stations of Paita, Callao, and Ilo, there are sanitary maritime services in other ports of the Peruvian coast. Going from north to south we have:

Eten.—Here there is a sanitary physician in charge of the maritime service, and the disinfection of the cargo and baggage of vessles is effected in special chambers built on shore and by means of a "Clayton" apparatus, type H, and formaldehyde apparatus built by Kny-Scheerer.

A few kilometers from the port, connected by railroad, is situated the town of the same name, where there is a lazaretto recently built, which may be used in case of necessity for the treatment of contagious-disease patients found on a vessel anchored in the port.

Pacasmayo.—There is here a sanitary physician for the maritime service, a lazaretto for contagious cases in charge of a district physician, and the service of disinfection of baggage by formaldehyde.

Salaverry.—There is a sanitary physician here for the maritime service, a lazaretto for the attendance of the contagious diseases, service for the disinfection of cargo by means of a "Clayton" apparatus, type H, and of baggage by means of formaldehyde and special chambers for this purpose.

Huacho.—There is here a sanitary physician in charge of the maritime service and a chamber and formaldehyde apparatus for the disinfection of baggage.

Mollendo.—There is a sanitary physician for the port here and a lazaretto for the treatment of contagious diseases and the service of disinfection of baggage by formaldehyde. At present an observation building for passengers in quarantine is being constructed, and one of the steam ovens ordered from Europe will be installed here.

Iquitos.—Even though this is not a maritime port, it must be stated here that this river port, situated on the Peruvian Amazon, has also a sanitary service with a "Clayton" apparatus, type B, for the disinfection of vessels arriving there and their cargo and baggage.

C. *The sanitary and titular physicians.*—In addition to those already mentioned, there are sanitary or titular physicians in the following ports: Casma, Ancon, Cerro Azul, Tambo de Mora, and Pisco, all under the direction of the bureau of health. In such of these ports as means of disinfection are lacking the sanitary inspection of the vessels only is made.

D. *The sanitary police.*—By virtue of the supreme resolution of June 10 of the present year a corps of sanitary police has been organized, under the jurisdiction of the bureau of health, which renders service both in maritime and in land sanitation. It is an armed force, the purpose of which is to assure the execution of the sanitary measures which may be adopted.

The service of land sanitation is much more difficult to organize and much more expensive than the maritime service. It is relatively easy to prevent the seed reaching the land by closing the doors of entry or placing therein more or less narrow filters, but it is very difficult to prevent that seed after having been planted from germinating or to make matters so hostile thereto that even if planted it does not vegetate.

Furthermore, as has already been said, the creation of the bureau of health in Peru is of so recent a date that it has not as yet been possible for it to undertake works on a large scale in this sense, such as are required by the sanitation of the towns of so backward a country, of a country so lacking in elements which may be used for the purpose, and in which nothing or almost nothing had been done heretofore for hygiene. Nevertheless, a beginning has been made, and in the course of the year 1904 and the past months of 1905 a prophylactic work has been undertaken which has produced greater results than could have been expected in the period of organization through which the sanitation of Peru is passing, due to which it has been possible to confine to restricted limits the terrible epidemic of bubonic plague which the bureau of health found diffused throughout the country, causing it to disappear from some sections and reducing it in others to insignificant proportions.

For the service of land sanitation the bureau of health has:

A. *The departmental and provincial boards of health,* which the antiquated health regulations, in force in part, provide for, which will probably be kept in the modern sanitary regulations with which the country may be provided, either under the same name or under a different name, because practice has shown that if proper use be made thereof they can render important services.

The departmental boards of health in the departments and the provincial boards in the provinces have the same powers and duties—to watch over the health of the territorial districts under their jurisdiction, the former being under the direct jurisdiction of the bureau of health and the latter under the jurisdiction of the departmental boards of health. They are composed of the political and municipal authorities of the respective places, the directors of the charitable associations, the district physicians, and two or more prominent persons of the department or province, and it is their duty to enforce the observance of the sanitary measures adopted for the entire Republic, enact those of a local character, propose changes or improvements in the sanitary services, etc. During the campaign undertaken against the bubonic plague the local boards of health have played an important rôle, assuming the direction of the prophylactic measures in each territorial division and the administration of the funds appropriated for the purpose, and, with rare exceptions, they have corresponded to the purposes of their institution.

B. *The district and sanitary physicians.*—There is a district physician in each province, who is intrusted with the gratuitous attendance of the poor classes in the local hospitals, the antivariolic vaccination, the prohylaxis of infectious diseases, the sanitary inspection of railroads, and the technical direction of all the local sanitary measures adopted in normal times. When epidemics appear sanitary physicians are sent to the provinces in which they occur charged with the duty of combating them, with the assistance of the boards of health and in accordance with the instructions of the bureau of health.

C. *The lazarettos.*—During the years 1904 and 1905 some have been built and equipped with all the elements necessary to the extent of the resources of the country. Among others, that of Lima, used at the present time for the treatment of plague patients, has an administrative pavilion, a kitchen, a laundry, a disinfecting plant, a pavilion for autopsies and a laboratory, a pavilion for attendants, one for the transportation of patients, and stable, a pharmacy, one with separate rooms for pay patients (12 beds) and eight for free patients, the capacity of which varies between 16 and 24 beds each, with baths, water-closets, etc.; that of Trujillo, which is not as yet concluded (the pavilion of administration, of disinfection, the mortuary pavilion, and a part of that for the pay paitents being still lacking); that of Mollendo, partly built in 1903; that of Paita, that of Salaverry, that of Eten, that of Arequipa (just begun), and some others of less importance.

D. *The service of antivariolic vaccination and serotherapy.*—This has been established for some years, animal vaccine prepared in the country only being used, which gives very good results. The Institute of Vaccine and Serotherapy is established in its own building, which was recentiy built and comprises stables for vaccinated animals, for animals under observation, and for experimental animals, a section for the vaccination of calves, a section for the gathering of the lymph, a section for the preparation of the glycerin emulsion, a bacteriological laboratory, offices, and rooms for the vaccination of the public. The institute is in charge of a competent technical personnel; and one of its chiefs, Dr. Ramon Ribeiro, is at the present time in Europe, having been sent there by the Government to study the best vaccine institutions of said Continent and the changes which should be made in that of Lima.

For the practice of vaccination, which is obligatory in Peru by the law of January 3, 1896, the Vaccine Institute sends continuously and periodically to the provinces the amounts of fresh animal vaccine emulsion which may be necessary, and the latter is inoculated by the district or sanitary physicians, by vaccinating physicians supported by some municipalities, and by a corps of 40 vaccinators, prepared in the institute, of recent creation, and which, up to the time of my departure from the country, were going through the southern departments, which at that time were the most seriously threatened by smallpox by reason of the presence of an epidemic of this disease in Chile.

Although by its creation the National Vaccine Institute is also one of serotherapy, serum is not yet manufactured in Peru. Upon the return from Europe of the chief of the laboratory of said institute, who, as has been said, was sent to study the manufacture of vaccine and serum, which will be in January of next year, laboratories for the manufacture of specific serums will probably be established. In the meantime the institute, by a contract entered into with similar institutes of Europe, is always provided with the serums which it can not manufacture to meet the needs of the Republic. Said serums, in accordance with the supreme resolution of January 20, 1905, are furnished by the institute free of charge to poor persons provided with a physician's prescription.

E. *The sanitary police.*—As has already been said, this corps is intrusted with the enforcement of sanitary measures, both in the land and marine services.

The division of demography is charged by the law which created the bureau of health with the special duty of preparing the sanitary demography of the country; but it has also occupied itself with the general demography, using for this purpose the data furnished it by the hundred municipalities of the provinces of the Republic, which, by a law of 1873, must keep registers of civil status and the statistics of their respective jurisdictions.

Notwithstanding this law of 1873, only a portion of the provinces of the Republic have begun statistical work, and in most of the provinces the offices for the registration of the civil status have been very defective in the formation thereof, especially with regard to births and deaths, which defects, thanks to the forms furnished by the division of demography, are being corrected, while the data collected are being made uniform and centralized.

The work of the division of demography not having been begun until the beginning of last year, and almost the entire year having passed in preparatory work or in organization, it was not until 1905 that the data requested of the municipalities of the provinces began to be received, so that at the end of this year it will be possible to have information of the demographic movement of the provinces of Peru, although they will probably not be complete as yet.

At the present time the division of demography, in addition to the statistics concerning births, marriages, and deaths, of infectious diseases, of vaccinations, etc., is preparing the demography of Lima from 1884 to the present time, which will decide many demographic, sanitary, and social points which have been the subject of discussion heretofore, due to the absence of scientifically established figures.

In June of the present year the bureau of health took a census of the population of Callao, which work is not as yet concluded, but which gave 34,436 inhabitants. With the documents of this census, and with those of that taken by the municipality of Lima in 1903, the division of demography will be able to form the sanitary statistics of the inhabitants of Lima and Callao.

The local health services in Peru, as has already been said, are under the charge of the municipalities of the provinces and those of the districts. They direct and execute the potable waterworks, works of drainage, canalization, paving, sewer cleaning, construction of dwellings, markets, public establishments, schools, etc., even though they are all under the vigilance of and must be approved by the Government, and, from a sanitary point of view, by the bureau of health.

Among them, as is natural, is the municipality of Lima, which has done more than any other up to the present time to improve the sanitary conditions of its jurisdiction; and in the course of the years 1904 and 1905 it has established a municipal institute of hygiene, consisting of a division of chemistry, a division of bacteriology, of a library, and a small hygienic museum, in which important chemical and bacteriological work is being conducted, referring to the local services. This institute, although of modern proportions, is equipped with all modern appliances, and here examination is made, free of charge for the poor and at moderate charge for the well-to-do, of sputum, of physiological or pathological products, of secretion or excretion, of anatomical sections, of samples of water, beverages, food products, medicines, etc., in addition to the work the institute does on its own account or by direction of the municipality of Lima or of the bureau of health pertaining to the local health service or that of other localities.

The municipality of Lima has also established during the present year a public disinfecting plant equipped with the principal appliances an institution of this character requires, and which meets the requirements of the town of Lima. It has also built a central market, the lower part of which has already been inaugurated and which, from a hygienic standpoint, leaves nothing to be desired.

By virtue of these and other works of importance, such as the extension of the sewer system to streets which did not have it, the paving of the city with compressed asphalt or stone blocks, etc., the sanitary conditions of Lima have notably improved.

The municipalities of the other provinces of the Republic are doing similar work within the limits of their means and the funds appropriated to this end by the National Government. That of Callao is at present constructing ditches for drainage, which it lacked, and is concluding the potable waterworks.

2. *Sanitary legislation.*—No fundamental sanitary law has as yet been adopted in Peru. Its formation is at the present time in the hands of a commission appointed for the purpose, and the plan thereof, the basis of which was prepared by the bureau of health, will probably be submitted for the approval of the national Congress at the next legislature. The only sanitary law in force in the Republic at the present time is that of January 3, 1896, making vaccination obligatory.

The sanitary regulations issued in 1887, which was the first effort made in the country in the matter of sanitary legislation, were in force until the bureau of health was created; and, although it has not been expressly repealed by any resolution, it is no longer taken as a standard, at least partially, since this institution began to operate, because the principles of public hygiene on which it was based are in harmony with the dominating ideas at the time it was issued, a majority of which are at the present time inadmissible. These regulations provide, among other things, for the quarantine of infected or suspicious vessels, a quarantine which the bureau of health has abolished since it has the means of disinfecting the vessel and her cargo as soon as she arrives at the Peruvian coast.

This absence of regulations and legislation of a sanitary character is supplied for the present, until the proposed laws and regulations are enacted, by general resolutions issued by the National Government or by transitory provisions issued for special cases by the bureau of health, within the scope of the law creating it. Among the resolutions issued in recent years relating to sanitary matters, the following may be mentioned:

The supreme resolution of October 2, 1903, which appropriates funds for the study of serotherapy and vaccine against Peruvian "verruga."

The law of November 6, 1903, creating the bureau of public health and defining its duties.

The supreme resolution of November 20, 1903, directing that there be sent to Europe, at the cost of the State, the chief of the laboratory of the Institute of Vaccine and Serotherapy, Dr. Ramon F. Ribeiro, to study there the manufacture of serums and vaccines.

The law of November 20, 1903, creating the three sanitary stations of Paita, Callao, and Ilo.

The supreme resolution of March 8, 1904, imposing upon the steamship companies engaged in trade with Peruvian ports the obligation of having disinfecting apparatus on board.

The supreme resolution of April 4, 1904, providing for the disinfection of the baggage of passengers embarking at Callao and their medical inspection, in order to prevent that the germs of bubonic plague be taken from this port or from Lima to other ports of the Republic or of other countries. (Even though this resolution was issued at a time when the constant existence of the plague in Callao made it indispensable and the sanitary conditions of this port have changed since, it continues in force.)

The supreme resolution of April 4, 1904, ordering that similar precautions be taken as to passengers leaving Lima for the interior of the country by railroad, also as a means of preventing the spread of the plague. (It continues in force.)

The supreme resolution of April 15, 1904, appointing a board for the management of the campaign against the bubonic plague in the province of Lima. The director of health is the president of this board, which has directed the work of sanitation in Lima during recent times.

The supreme resolution of May 27, 1904, which directs the formation of the general census of the Republic and prescribes that the bureau of health shall formulate the plan and estimate of the expenses of the work.

The supreme resolution of July 1, 1904, directing the ministry of foreign affairs to request the Government of the United States to permit the incorporation of a Peruvian physician in the sanitary corps which may be sent to Panama to undertake the sanitation of the Isthmus, supplemented by that of the 8th of the same month and year, to the effect that the petition for incorporation be for one physician and one engineer.

The supreme resolution of July 2, 1904, providing that the municipal councils forward demographic statistics to the bureau of health at regular intervals.

The supreme resolution of July 2, 1904, commissioning the chief of the division of hygiene, Dr. D. E. Lavereria, to study the report on the installation of the sanitary station of Paita.

The supreme resolution of the same date, creating a sanitary agent of Peru in Europe, charged with the duty of forwarding such reports and acquiring such elements as may be required by the bureau of health.

The supreme resolution of the same date, creating a commission intrusted with the study and recommendation of a plan for the construction of dwellings for renting purposes.

The supreme decree of September 16, 1904, issuing the railroad sanitary regulations.

The supreme resolution of December 9, 1904, ordering the disinfection of vessels coming from the south at the sanitary station of Ilo.

The supreme resolution of December 22, 1904, providing that Peru be officially represented at the Medical Pan-American Congress of Panama, and appointing as the delegate of Peru, Dr. Ugo Biffi.

The supreme resolution of December 23, 1904, providing regulations governing the sending every year to Europe of young physicians who specially distinguished themselves in their school career to perfect their knowledge.

The supreme resolution of December 30, 1904, providing that Peru take part in the constitution of the International Sanitary Bureau of Washington and contribute the proper sum to its support.

The supreme resolution of January 20, 1905, directing that the Institute of Vaccine and Serotherapy furnish poor persons requesting it by a medical prescription, specific serums (antidiptheritic, antitetanic, antistrepthecoccic, etc.). .

That of the same date, providing for the establishment of a service of disinfection of vessels in the port of Iquitos.

That of March 1, 1905, creating the office of physician under the bureau of health for the study of questions pertaining to potable water.

That of March 10, 1905, ordering the taking of the census of the province of Callao.

That of March 17, 1905, creating a corps of vaccinators to go through the provinces and districts of the Republic, to assist the district and sanitary physicians and the municipal vaccinators in the work of vaccination.

That of the same date, prohibiting the entry into the national territory of lepers and ordering the creation of a leper hospital in the department of Loreto for the isolation of the lepers in that department adjoining other countries in which leprosy is present.

That of March 24, 1905, approving the plans for the drainage of Callao and ordering the preparation of plans for the drying of the subsoil of said port.

That of March 31, 1905, appointing a commission to prepare the draft of a sanitary law for submission for the approval of Congress.

That of April 7, 1905, directing that the consuls of the Republic abroad inform the bureau of health, by cable or by mail, according to the cases, of the appearance in their consular jurisdiction of grave contagious diseases, transmissible by commercial traffic.

That of May 19, 1905, ordering the construction of potable waterworks in El Cuzco.

That of the same date approving the plan of the firm of Humphreys, of London, for the buildings of the sanitary station of Callao, and ordering their purchase.

That of June 10, 1905, organizing the sanitary police.

That of July 21, 1905, ordering the study of water supply, and drainage of the port of Iquitos.

That of August 7, 1905, establishing the precautions to which passengers coming from Panama or Guayaquil are to be subjected, during the existence of yellow fever in said ports in an epidemic form.

That of August 11, 1905, directing the study and execution on the coast of Peru of the works necessary for the destruction of the Stegomyia species of mosquitoes, beginning with Callao and Lima.

That of September 1, 1905, prescribing the conditions under which fruits capable of carrying mosquitoes is to be brought from Panama or Guayaquil to Peru, while the sanitary conditions in those ports last; and many others which it would take too long to enumerate.

The report which I am called upon to make to the conference in accordance with the programme published by the Sanitary Bureau of the American Republics, being concluded, on behalf of the country, it only remains for me to say that Peru, making all possible efforts on her part to improve the hygienic conditions of her ports, having established sanitary services and stations along her extensive coast line, and adopting measures which will guarantee, as far as possible, not only her own ports but those of neighboring countries, and publishing systematically the appearance of cases of contagious diseases, in order that such defensive measures as may be deemed proper may be adopted, observes in the matter of international hygiene, a policy of frankness and good faith, and considering the delays and loss caused to her own commerce and that of neighboring countries by the sanitary measures in force at the present time in Panama, in Ecuador, in Peru and in Chile, I would be glad to see this conference, among other beneficial measures, take steps for the formation of an international agreement between the countries which have frequent traffic with Peru, in order that the sanitary measures adopted in each of them may be uniform and have some value in the other countries, and in order that the common action of all will result in what the isolated work of each of them renders difficult of realization, that is to say, the extirpation from the western coast of South America of the diseases transmissible by water communication.

REPORT FROM THE DELEGATE FROM THE DOMINICAN REPUBLIC, MR. EMILIO C. JOUBERT.

The Dominican Republic contributes to this convention only its good wishes in favor of the cause of public health, which is a noble one worthy of the attention of governments and individuals with high aspirations. It does not contribute any scientific discoveries, nor experiences, nor data toward the progress of sanitary science or its application to the necessities of nations. This is not due to no importance being there given to these matters, as, from their nature, they are of the greatest transcendency, as they affect the public health, not only of one region, but of humanity in general, but is due to the fact that the country is endowed with exceptionally favorable conditions for the preservation of a satisfactory sanitary condition and has therefore not found any urgent need of devoting special study to these matters.

Considering the sanitary question of the Dominican Republic from the point of view of its legislation, it may be observed that there exist in the country only municipal regulations, laws of a purely local character, which tend to protect public health by placing restrictions and imposing penalties within the jurisdiction of the judicial authorities. The absence of other laws of a broader character and of greater importance is an evidence of the fact that the country has not found any greater protection than that afforded thereby to be necessary. As a matter of fact, although in former times, not very far back, there existed foci of yellow fever near the coast of Santo Domingo, this country has always been free from this epidemic. There has been a case now and then at an interval of ten or twelve years, but never to such an extent as to permit this disease to be considered more to be feared than any other non-epidemic disease. I do not refer to the time when the Spanish army imported the fever and propagated it among its members on account of an absence of sanitary precautions.

We have also had smallpox in an endemic form near our coasts, but our police laws and the measures adopted by the boards of health of the Republic were sufficient to keep our towns free from its ravages. The prophylactic service of vaccination, which was organized from time to time, has greatly contributed, as there was no opposition thereto among the people, to prevent the invasion and propagation of this disease. It is now more than a quarter of a century since a case of smallpox has occurred in the country.

Forty years have elapsed since the last invasion of cholera, which disease, if it was propagated and caused a large number of deaths, was due also to the causes which made yellow fever cases of frequent occurrence at the same time.

As may be seen, the sanitary condition of the country has not called for more than what has been done to keep the country free from the ravaging action of epidemics. The temporary quarantine measures have also contributed efficiently to the result I take pleasure in calling attention to; but however satisfactory the past may have been, it is also necessary to look into the future, in order that our retrospective glances may not predispose us to a criminal indolence.

Upon the termination of the Panama Canal, Santo Domingo will be on the route of the vessels of all nations coming from or going to all ports of the world. Then many vessels will touch at her coasts; commercial traffic will increase, and therewith the danger of contagion and the spread of all infectious diseases. Foresight advises preparation to meet the exigences these new conditions will present.

An easy means at hand to prevent the importation of epidemics was that of closing the the ports to vessels coming from infected places; but a country situated in the midst of an active and powerful commercial current, can not have recourse to such primitive measures which are to a certain extent nugatory and therefore unjustifiable, without provoking the anger of nations. Since the Vienna congress up to this convention in Washington which will work on the same basis, every sanitary conference has adopted in principle the ideas which prevailed in England prior to the date of said congress; because these ideas, properly applied, protect the interests of universal commerce while at the same time protecting the lives and interests of natives.

Our Government is convinced of the advisability of preparing itself by the enactment of sanitary laws and measures adequately to meet the necessities which the new order of things will create in the relations of the Republic, and has already appointed a commission of experts to study the sanitary laws of the most advanced countries in this matter and to prepare a body of laws, as well as projects for the organization of the service of inspection and quarantine.

The work of this body will greatly facilitate the labors of said commission, because the questions of sanitary science concerning the preventive measures which it would be advisable to adopt, with an international character, to prevent the importation and propagation of contagious diseases, will here be intelligently discussed.

REMARKS MADE AT THE CLOSING OF THE CONVENTION BY MR. EMILIO C. JOUBERT, DELEGATE FROM THE DOMINICAN REPUBLIC.

Gentlemen: I have very little to say at this moment when this convention is about to adjourn, not having had much to do during its most important labors, they being, by their character, very different from those within my scope by virtue of the studies I have made and my habitual occupation heretofore.

But I can express, as I do with pleasure, the great satisfaction I have felt in coming into contact with gentlemen who are so notable and eminent by reason of their vast knowledge, gentlemen who have placed their talent and their heart at the service of their country and of humanity.

I can also state here that I expect to feel satisfaction of a like character when the labors of this convention will be received in the Dominican Republic with the favor they deserve and when the sanitary provisions contained in the convention we have just concluded are put in practice.

Santo Domingo, when the Panamn Canal is concluded, will be on the route of all nations; their vessels will touch at her ports, and it is necessary that these ports be prepared to receive them and not closed on account of misunderstood sanitary precautions.

With these sentiments and with this hope, I am glad to have had the honor to attend this convention on behalf of the Dominican Republic.

I have concluded.

REPORT BY DR. H. D. GEDDINGS, ASSISTANT SURGEON-GENERAL, UNITED STATES PUBLIC HEALTH AND MARINE-HOSPITAL SERVICE, DELEGATE FOR THE UNITED STATES.

Mr. Chairman and Gentlemen: The provisional scientific programme includes a report upon plague, yellow fever, and malaria. It is with gratification that we are able to report for the United States that the last case of plague occurred in the city of San Francisco nearly eighteen months ago. The number of cases has been published from time to time in the public health reports by the Public Health and Marine-Hospital Service, and the measures which were taken in the eradication of the disease, with the careful inspection of that part of the city of San Francisco infected with the disease, and an account of the observations of all the dead and dying of any race whatever, the supervision of corpses at the various undertaking establishments of the city, and as a special sanitary measure, the destruction of rats and mice, and the careful observation of rats and mice both trapped and found dead in various sections of the city. It is a matter of congratulation that the disease was confined not only to one quarter of the city of San Francisco, but there has been no spread to other sections of the city, and absolutely none to other sections beyond the boundaries of California, which shows the effectiveness of the measures taken, and the possibility of suppressing a disease of this nature without panic and without serious detriment to the commercial interests of the city in which it prevails; and, above all, the signal triumph of modern sanitary science in its conflict with one of the most dreaded diseases of which we have knowledge.

It is unnecessary to state to you gentlemen about yellow fever that yellow fever now prevails in the city of New Orleans, in various portions of the State of Louisiana, and in certain sections of the adjoining State of Mississippi. To date there have been in the city of New Orleans 3,214 cases of the disease, with 409 deaths. In the various parishes of the State of Louisiana outside of New Orleans there have been 2,778 cases, with 232 deaths, and in Mississippi, from the various reports received up to September 27, there have been 332 cases and 13 deaths. How the disease was introduced into New Orleans—for introduced it was—is a matter that is yet under investigation, and the method of its introduction and the time of the first appearance of the disease is as yet subjudice, and it would be indelicate and improper on this occasion for me to express a positive opinion; but it is to be distinctly understood that in all of the other places in the United States where yellow fever now prevails it is believed that its prevalence can be traced to certain railroad excursions which carried people from various adjoining States—Mississippi, Alabama, and Florida—into New Orleans after the disease prevailed there but before it had been recognized or announced. The measures taken for the eradication of the disease in New Orleans are those so signally exemplified in the city of Habana, Cuba, by the American commission, whose good work has been so ably continued by gentlemen now on the floor of this convention. The measures taken for the eradication of the disease have been directed simply and solely against the mosquito *Stegomyia fasciata* as the sole recognized means of transmission of the disease. A campaign has been directed against that mosquito. The measures taken have been the fumigation, either by sulphur or by other agents, and the isolation of persons

either sick with the disease or suspected in thoroughly screened hospitals or in a thoroughly screened room in the house where they were taken sick. Measures have also been taken in regard to cisterns and in regard to stagnant water from time to time, and water that it was impossible to drain in certain places has been gotten out of the way by filling up; and the measure has been used of introducing salt into the running water in the gutters of New Orleans, this measure being based upon the fact that the ova of the stegomyia mosquito will not mature in water that contains so much as one-sixth part of sea water.

To say that the experiments have been altogether crowned with success would be to anticipate results which we believe to be inevitable in the next two weeks. They have been crowned with a certain measure of success, gratifying because original. The disease has not spread with the rapidity and to the extent that has been observed in epidemics heretofore prevailing, and it is believed by the Chief of the Service which I have the honor to represent here, and all the officers whom he has delegated to the charge of the epidemic measures in New Orleans, that the results to be obtained within a reasonably short time will be an abundant vindication of the correctness of the mosquito doctrine.

In regard to malaria, as you know, this is a wide and a large country. Malaria is something that is with us perennially, and prevailing under many types, and under many manifestations. It is impossible to say what measures have been taken for the eradication of malaria, but it is perfectly fair to say that the matter is one with which the boards of health of various States of the Union have occupied themselves, and the correctness of the mosquito doctrine of the transmission of malaria has impressed itself upon and has been vindicated in the minds of State health authorities. The matter has excited the keenest interest in every State of the Union almost. A campaign is at present being waged against the anopheles mosquito as a transmitter of malaria, and large State organizations, and in one case a national organization, have busied themselves with a campaign for the total eradication of all mosquitoes, so far as possible. This body, the American Mosquito Extermination Society, held its second meeting at New Orleans about a year ago, and gratifying reports were received from various communities and States interested, showing the spirit of emulation which existed between various communities in the same States and between cities themselves for the suppression of this pest, and in the eradication of this fruitful source of the spread of a disease, which, when everything is said, causes more morbidity, if not more mortality, than yellow fever, whose advent we, as sanitarians, so much dread.

I regret, Mr. President, that at the present time I have been unable to put my remarks in writing, but with your permission the full report will be submitted either before the adjournment of the convention or in time for publication in the transactions.

REPORT OF DR. J. S. FULTON, DELEGATE FOR THE UNITED STATES.

Mr. Chairman and Gentlemen: In accordance with the suggestion made me within a few days, I appear before this convention to give you as briefly and clearly as I can some account of the modes of organization which prevail in the United States in the governmental units under our system, namely, the methods of organization of the States for the purpose of sanitary government. There are something like half a dozen different plans to be found in our Union, not all good and none of them wholly bad. To begin with the most primitive idea of a State sanitary government, one would begin at the most extreme southern State of the Union. There we get the idea of the sanitary government of a State by one man. The State of Texas has no board of health. It has no State sanitary organization on any other than a quarantine basis. This to my mind characterizes the sanitary government of the State of Texas as the most primitive type to be found in our country. The quarantine officer of Texas unites in his own person all the sanitary authority which the State of Texas takes to herself at all, and up to the present time that power has been exercised against but one disease, and that not a disease always present in Texas. The quarantine officer of Texas is charged with the duty of excluding yellow fever. He has similar powers with respect to the bubonic plague; but he has no internal powers, or at least he exercises none, with regard to the diseases which every locality must furnish. In that way the sanitary organization of Texas belongs strictly to the class of emergency agencies, and has practically no routine duties aside from those of the maritime quarantine, and on an emergency. This is the most primitive form of sanitary organization.

The next in that order would probably be the idea of a government for the exclusion only of exotic diseases, but the government not being kept in the hands of one man. The State of Louisiana has a board of health which is essentially a quarantine board; that is, it has no duties except with regard to diseases that are not present in the country. It has no duty in connection with the diseases which are always present among the inhabitants

of Louisiana. It is strictly a quarantine board, maintains a large and expensive equipment, and has this rather primitive idea, not of growing skillful on any routine hygienic work, but simply to keep out diseases not normally found among the population. Several of the States along the Gulf coast belong to this class. Formerly Georgia and Mississippi and Alabama had their boards of health organized somewhat on the same plan. The State of Florida, one is happy to say, has emerged from that condition, and by disposing finally of her quarantine power has become a real board of health; that is, a board of health with modern ideas which looks after the needs of the people under ordinary circumstances and at all times. Georgia also has a board of health designed on modern principles, and in fact is soon to become a large factor in the progress of sanitation in the United States. These two illustrations show the two simplest types of sanitary organization to be found in this country.

Next above them one comes to the idea of a board of health truly representative of the people of the State, and engaged at all times on the problems which they provide. For illustration of that type of board of health one must mention the boards of health of Massachusetts and of the States of Michigan and of Iowa. These boards consist of either five or seven members. The members are appointed by the governor of the State for a definite term. They include a number of physicians, but are not composed exclusively of physicians. They themselves do no executive work. They elect or appoint a secretary, who is their executive officer, and by virtue of his election he becomes merely their executive, and nothing more. This puts the executive officer of the board of health of that type, of these States which are exemplified by Massachusetts, Michigan, and Iowa, in the class of wage-earners rather than in the class of salaried officers, which is an advantage. They are not bound to appoint a citizen of the State, and they disregard political boundaries and are not tied down by constitutional limitations in the matter of salary. The executive officer of boards of this type can be an expert sanitarian. He will have a fair chance for real work in the line of sanitation, and some of the best work that has been done in this country has been done by boards of that type. There are, however, very few boards of this sort.

Next after this comes the class of boards of health in which are the great majority of the boards of health of this country. These are the boards which include a majority of physicians, and which are appointed by the governors of the States for a definite period of service, and which elect a secretary or executive officer, who becomes a member of the board. In other words, in the largest class of boards of health in the United States, the secretary is not an employee of the board but is a member of the board. His functions are usually pretty well circumscribed by law. As this is numerically the largest class among different types of boards of health, it of course includes a good many excellent examples of very good working bodies and perhaps for the same reason, that it is the largest class numerically, it also illustrates better than the others the abuses that are possible under that system. As I say, in this class of boards it is not possible to go outside of the political units of the States to find an expert sanitarian or a trained sanitarian. The executive officer becomes a member of the board of health, and he must have been elected from among the citizens of the State. One of the abuses possible under this class I will mention. The worst one is that the members of the board, from the time of their appointment, can agree to divide the emoluments during their service in such a way that everybody will share alike. In this country none of the boards of health receive salaries; the executive members of the board do not receive salaries, I think, anywhere, in either of these two classes. So that it happens that at least one board of health that I know of manages to divide the emoluments of the offices for a period of six years by agreeing that each of them shall fill the position of the executive for a year and receive all the emoluments for one year, at the end of which year he passes on his executive position to the next member. In that way the board of health that formerly did good work every year now changes its secretary every year and changes its executive officer every year and of course does no good work. That is one of the worst features that can come in under this scheme of ours which includes the largest number of boards of health.

Next after this in point of time we come back, curiously enough, to the very first scheme of all, which has the most reason in its favor, and that is the scheme of one-man sanitary government in a State. Since Texas started and is now about to outgrow that idea, two States in our Union have revived that notion—New York and Pennsylvania. There is no board of health in the State of New York, but it has a very large and quite strong sanitary organization. Its head is a commissioner of health, appointed by the governor of the State, and his term of office is equal to that of the governor who appoints him. This has made the executive position in the board of health of New York rather desirable. It is a political plum, and experience shows so far that the heads of the board of health will change about as often as the chief executive is changed in the State of New York. That is a one-man board, and all the responsibilities for its government of the State are centered in him, with power to remove his subordinates, most of them.

The State of Pennsylvania has within a year concluded to embark on the same plan, having had the experience of some twenty-five or thirty years in the plan of an appointive board of health, having power to elect its own secretary. It is perhaps too early to say that this last plan is certain to be a bad plan. It is conceivable that a one-man sanitary arbiter of the State's destinies might be a strong enough man to put that State on a very high plane indeed; but it does not quite consort with our republican ideas in the United States, and personally I am inclined to doubt whether that was a wise move. I think it is rather a curious circumstance that the two latest States to make changes in their laws should have come back to the one-man idea which Texas up to that time alone illustrated, and I am quite sure that Texas is nearly or quite persuaded now to abandon that idea.

I have given you this as a brief story of the modes of organization in the United States simply for your information. I would conceive it to be rather improper for me to express my personal views about the probabilities of ultimately developing in this country a first-class sanitary organization on any of these plans, although I have such views, which, as I say, I retain at this time.

ABSTRACT OF THE REPORT PRESENTED BY SEÑOR REQUENA BERMUDEZ, CHARGÉ D'AFFAIRES OF URUGUAY, IN WASHINGTON.

(Although the Republic of Uruguay did not sign the Convention agreed upon by the conference, it was represented in the sessions thereof by Señor P. Requena Bermudez, First Secretary and Chargé d'Affaires of Uruguay in Washington, who, in the name of his country, submitted to the conference an extensive report, of which the following is an extract.)

The sanitary measures adopted in Uruguay have amended certain laws relating to land and maritime sanitation, some of them being of such importance that we do not doubt will present our country as inspired in the most advanced ideas respecting the manner in which prophylaxis against exotic and infectious diseases, should be applied.

The protection against the importation into our country of contagious and infectious diseases, the provisions contained in sections 33 and 50 of the Maritime Health Regulations, the struggle against tuberculosis, and the sanitary inspection of prostitution have originated new laws and ordinances prescribing prophylactic measures more in accordance with the modern theory in regard to the manner of propagation and the means to suppress infectious and contagious diseases.

All measures adopted by the national council of hygiene are of high importance, but the one which will cause a total revolution in those existing at present, which will afford greater benefits to the public, commerce and our international relations, is that relating to the method in which prophylaxis should be carried out against the importation by sea of exotic diseases of an infectious character, such as bubonic plague, yellow fever, and Asiatic cholera.

The bases of this prophylaxis have been prescribed in the International Sanitary Convention held at Rio Janeiro, June 5, 1904, and in which the Republics of Uruguay, Argentina, Brazil, and Paraguay participated, which bases were duly ratified by the respective Governments. Laws enforcing the provisions of said convention have been passed by these Governments.

By the provisions of the treaty in reference, long quarantines, nonadmission of infected vessels, and the old measures which obstructed commerce, rendered foreign intercourse difficult, and annoyed passengers, have been suppressed, all of which benefits have been obtained with provisions which do not impair the efficiency of the prophylactic measures necessary to preserve the country free from exotic infectious diseases. Our nation may be proud of having taken the initiative of said convention.

In order to carry out the prescriptions of the Rio Janeiro convention, the National Council of Hygiene has ordered the construction of a disinfection plant in one of the landing places. While this plant is being constructed, the station and disinfecting apparatus in the Island of Flores shall continue to be used for the treatment of clothing and baggage.

The passengers shall be free to go to their residences, where they shall be under the observation of medical inspectors for a period equal to that of the incubation of the suspected disease.

Vessels and merchandise shall be disinfected by means of the Clayton system, which vessels and merchandise, after undergoing this rapid operation, remain perfectly free for traffic.

Passengers affected with exotic diseases, and third-class passengers, shall be sent for their attendance or observation to the Island of Flores, which is the only sanitary station that we have.

The National Council of Hygiene has under consideration the manner of transforming into a land sanitary station the present isolation house, in order that passengers who arrive suffering from a contagious or infectious disease may be attended therein.

Certain amendments have been made to sections 33 and 50 of the Maritime Health Regulations. Said amendments deal with the method which must be followed in treating vessels infected with exotic contagious diseases; they specify with more accuracy the classification of infected and suspected vessels, and prescribe the process to be observed in the sanitary treatment of vessels infected with exanthematous typhus, measles, and diphtheria.

In relation to land sanitation, the Council has prescribed new measures in order to establish a more efficient prophylactic treatment in the residences of pauper consumptives. It has also taken into consideration the regulation of the sanitary inspection of prostitution.

Paupers afflicted with tuberculosis, a disease which, on account of its frequency, extent, and serious consequences has become a dreadful universal scourge, have adopted in Montevideo a policy which will help us to accomplish the desired end, which is the suppression or diminution of the spread of tuberculosis among the inhabitants of said city.

Thanks to the humanitary services rendered by the association against tuberculosis, pauper consumptives are given attendance in the dispensaries of the association, and the physicians attending them report every case immediately. All new or old cases of tuberculosis attended to in said dispensaries are reported. Many other cases attended to in private houses are also reported, as all physicians have taken the policy to report all such cases attended by them.

For this reason the last statistics, especially those for 1904, show a comparatively increased number of reported tuberculosis cases. In fact, many of them are not new, but of previous years, which were not reported until recently.

The sanitary condition of the Republic during 1904 and the past months of the current year, 1905, has been satisfactory. Mild smallpox epidemics have appeared once in a while, but they were easily extinguished by means of vaccination and other ordinary prophylactic measures. Several cases of scarlet fever, diphtheria, and typhoid fever have also been recorded during said period.

As regards yellow fever, bubonic plague, and Asiatic cholera, we would say that they are unknown in our country, being exotic therein.

Malaria is a disease that likewise does not exist in Uruguay, at least under its characteristic forms, and we can not say with certainty whether there are no larvate cases in some country places.

REPORT FROM THE DELEGATE OF VENEZUELA, MR. N. VELOZ-GOITICOA.

DR. WALTER WYMAN,
President of the Second General International Sanitary Convention of the American Republics:

As the delegate of the United States of Venezuela to this international convention I have the honor to submit herewith the report called for by the scientific programme on the diseases prevailing in my country and the sanitary and quarantine laws at present in force.

With regard to the first point, I call attention to the exhibit herewith marked "A," containing a report of the director of hygiene and statistics of the western section of the Federal District, entitled "Demographic Sanitary Report," comprising the entire section of said district, and constituting an important comparative study on mortality, nativity, marriage statistics, and the causes of death and their comparisons, and including the work done by the inspectors of city cleaning and municipal works.

The exhibit marked "B" contains the general tables of mortality statistics for the second six months of the year 1904 in the states of the Venezuelan Federation and its Federal District, which mortality is classified according to the Bertillon system by diseases and causes of death, closing with a graphic demonstration of the proportion of total deaths. These data were taken from those published by the general direction of statistics in the report of the department of fomento for the year 1905.

The following is a summary of the sanitary and quarantine laws in force in Venezuela:

DISEASES CALLING FOR QUARANTINE AND SANITARY PRECAUTIONS.

Asiatic cholera, yellow fever, bubonic plague, smallpox, and typhus are the diseases which call for quarantine and other special sanitary measures.

Vessels coming or suspected as coming from some port infected with one of these diseases, are subjected to a quarantine of observation of three days for persons; but if there is absolute certainty that there has been no case of the disease on the trip, the said quarantine may be reduced to a shorter period, after a scrupulous examination.

The quarantine of observation is enforced in lazarettos, and, in the absence thereof, on lighters (pontones) assigned for the purpose.

Any vessel that has had during the trip any cases of the said diseases on board shall be subjected to compulsory quarantine. This shall be for Asiatic cholera from one to two

days, for yellow fever from three to six days, and for bubonic plague twelve days. The sick shall be confined in a lazaretto, and the healthy persons on board, together with the baggage, merchandise, and other effects, shall remain on the vessel or be transferred to another lazaretto for the time of the quarantine, the vessel being disinfected when the persons on board are landed. The persons on board shall be subjected to the quarantine prescribed by the respective sanitary physician and board, in view of the circumstances of the case.

INSPECTION OF VESSEL AND QUARANTINE.

On the arrival of a suspected or infected vessel at one of the ports of Venezuela communication with her shall in no case be permitted, and neither persons, baggage, merchandise, or other effects shall be permitted to land.

Vessels arriving with a clean bill of health, but on which cases of Asiatic cholera, yellow fever, bubonic plague, etc., shall have occurred, shall be subjected to a strict quarantine for such time as may be fixed.

If the vessel shall have had direct communication with ports where an epidemic is present, or if she comes from a port where there was one recently, she shall also be subjected to quarantine for observation.

Every vessel subjected to quarantine for observation shall be made to anchor to leeward, shall be carefully watched, and shall have a physician placed on board. If during the quarantine of observation any case of an infectious disease should occur, strict quarantine shall at once begin. If the vessel subjected to quarantine should be desirous of continuing her trip, her state of health must be stated on her bill when she is cleared. The board of health and the police authorities shall adopt all necessary hygienic precautions to prevent the development of any deleterious source in the locality, destroying every focus of infection, maintaining the greatest cleanliness possible, and sterilizing anything which might affect or vitiate the atmosphere in any manner whatever.

DISINFECTION.

This is done before the health officer and includes the disinfection of baggage, merchandise, and of the vessel herself, in a strict and general manner.

Animal substances, such as hides, wool, horsehair, and organic substances, are disinfected more carefully, and when this can not be done, they are cremated.

The disinfection is always done in accordance with the nature of the object, and is stricter with regard to the substances liable to preserve the malignant germ, and less strict with those not so liable to preserve it.

The disinfection is done after the vessel has anchored and unloaded, being fumigated with chlorine, sulphur and jets of steam.

LAZARETTOS.

The lazarettos shall be located on the most suitable places leeward of the port, preference being given to uninhabited islands having good drinking water.

BILLS OF HEALTH.

Every vessel arriving at any port of Venezuela, is required to have a bill of health, showing her port of departure, her ports of destination, her true sanitary condition, and the cases of any disease she may have had on board during the trip. If she has a suspicious bill of health, she shall be placed under quarantine of observation, and if a foul bill of health under strict quarantine.

HEALTH AUTHORITIES.

There are health authorities in every port to watch and provide for the local needs and to take the proper precautions to prevent the importation of epidemic diseases, as also to enforce the provisions of the sanitary regulations, specially concerning quarantine and sanitary measures.

The chief sanitary officer is a physician, appointed for the purpose, who has under his orders all the agents of the health service.

The boards of health shall be composed of the physician appointed for the purpose by the highest civil authority of the place, of the collector of customs representing the public treasury and in his capacity of captain of the port, of two merchants, residents of the place, and of one engineer. The president of this board of health shall be the health officer, and the foreign consuls residing in the port shall also be members of the said board, with consulting voice and vote, to guarantee the interests whose protection is intrusted to them.

The boards of health shall meet when the director of health shall consider it advisable, and will consider everything connected with the administration of the lazarettos and

lighters (pontones) already established or which may hereafter be established, and will have charge of the strict supervision and of everything contributing to the health of the locality.

The civil and military authorities and the officials of the revenue and political branch are compelled to cooperate with the boards of health to this end and to render them efficient and opportune assistance to enforce their decisions.

In this manner I comply with the directions given me to present to this convention, as the delegate of my country, a report on the diseases prevailing therein and on her sanitary and quarantine laws.

Exhibit A.

Sanitary and demographic report of Caracas, El Valle, Antímano, La Vega, Macarao, E Recreo, La Guaira, Maiquetía, Macuto, Caraballeda, Naiguatá, Carayaca, Caruao, Los Teques, Miquilén, Carrizal, San Pedro, San Antonio, San Diego, Tácata, Paracotos, Petare, Baruta, El Hatillo, and Chacao, for the year 1904.

REPORT SUBMITTED TO THE CITIZEN GOVERNOR BY DR. A. HERRERA VEGAS, DIRECTOR OF THE OFFICE.

Citizen governor of the western section of the Federal District, Caracas:

It is with the greatest satisfaction that I place in your hands herewith the "Sanitary and demographic report" for the vast territory of your jurisdiction, corresponding to the year 1904. This is the fourth report which I have had occasion to subscribe, because, although the office of hygiene and statistics under my charge has been in existence for two years only, I devoted myself for some time before to studies of this character, and by gathering data and material was able to issue a sanitary report for Caracas and neighboring towns in the years 1901 and 1902.

At the present time the office of hygiene and statistics having been assisted by the civil and military authorities, its labor has been, if not easy, at least fuller, and hence I am enabled to submit to you a particular and comparative study of the movement of the population and sanitary conditions of Caracas, El Valle, Antímano, La Vega, Macarao, and El Recreo, which form the Libertador Department; of La Guaira, Maiquetía, Macuto, Caraballeda, Naiguatá, Carayaca, and Caruao, parishes of the Vargas Department; of Los Teques, Miquilén, Carrizal, San Pedro, San Antonio, San Diego, Tácata, and Paracotos, composing the Department of Guaicaipuro; and, finally, of Petare, Baruta, El Hatillo, and Chacao, parts of the Department of Sucre—a total of 25 towns, with a population of 184,500, distributed as follows: Caracas, 85,000 souls; district parishes, 18,500; Department of Vargas, 32,000; Department of Guaicaipuro, 30,000, and Sucre, 19,000.

The vast area, the great population, and the many interests to be found in this section of Venezuela, make it necessary to give serious attention to all the details which a study of this report will show, to which I take the liberty of very earnestly calling your attention.

Summary.

WORK OF THE OFFICE OF HYGIENE IN THE YEAR 1904.

Caracas: Comparative study of its mortality, births, and marriages; movement of the population in 1904; causes of death; age of the deceased; nationality; prevailing diseases during the year; typhoid fever; tuberculosis; diseases of the digestive apparatus; climate of Caracas; parallel between deaths and the seasons of the year; co efficient of mortality; general and comparative nativity; legitimate and illegitimate children; annual variations in birth rate since 1900; marriage statistics—total number of marriages, ages of the contracting parties, marriages per month, by parishes; comparative statistics; coefficient of marriages; conclusions.

Department of Vargas, Department of Guaicaipuro, Department of Sucre: Study of their population.

WORK OF THE DIVISION OF HYGIENE IN THE YEAR 1904.

Before entering upon a sanitary and demographic study of the division, permit me to show you a detailed report of the large number of works executed by the office of hygiene and by the departments of street cleaning and municipal public works, for although the latter are not under the jurisdiction of the former their work redound directly to the benefit of general health, for which reason I include them.

Nothing like what is stated in this report has ever before been done in Caracas. Something is being done, but there is much, very much, that still remains to be done in order that the hygiene and consequently the health of our capital may reach the proper development.

I have the best reasons to believe, and all of Caracas does likewise, that this year will be one marked in letters of gold in the annals of the history of Venezuela by reason of its progress, and there is no doubt that the National Government, presided over by so ardent a patriot as General Castro, will extend a helping hand to the work of making the capital of the Republic hygienic, already begun.

To you, as the faithful interpreter of the high sentiments of the former, will pertain the glorious task, assisted by your subordinates, to extirpate the high tribute we now pay, due to the insufficiency of our means of defense against it.

WORK DONE BY THE OFFICE OF HYGIENE IN THE YEAR 1904.

Division of street cleaning.

Daily cleaning of the market, slaughterhouse, squares, avenues, and a large number of streets; constant repair of sewers and street pavements.

Foci of infection denounced	378
Inspections made	421
Orders to clean	215
Total	1,014

Division of bromatology.

Denunciations of food stuffs of bad quality	257
Samples of food stuffs received	137
Requests for analyses	35
Inspections in the market	26
Inspections in the slaughterhouse	18
Inspections in dairies	89
Inspections in vegetable gardens	28
Inspections in butcher shops	56
Inspections in grocery stores	178
Total	824

Food stuffs condemned by the office of hygiene and by the market management:

	Pounds.		Pounds.
Fresh fish	4,967	Cheese	180
Salt fish	2,706	Black pudding	214
Fresh meat	443	Butter	139
Salt meat	573	Ham	173
Beans	4,701	Italian pastes	190
Chick peas	882		
Potatoes	4,048	Total	19,541
Other vegetables	325	Canned goods ..... cans	261

Division of prophylaxis of contagious diseases.

Informations received	32
Inspections	32
Requests for disinfection	26
Disinfections made in rooms	152
Total	242

Division of vaccination.

Vaccine inoculations	212
Certificates issued	37
Total	249

Division of vital statistics.

Data requested was furnished to Drs. L. Razetti and Ayala and Bachelors Clemente, Smith, De Armas, and Gonzalez Montano, and to the office of hygiene of Sao Paulo, Brazil.

The report of the western section of the Federal District was published monthly.

From all points of view the principal place corresponds to Caracas, for which reason we will begin with said city.

The year 1904 may be qualified as a most favorable one for our capital, from a sanitary demographic view point, as may clearly be seen from the table marked No. 1.

A comparison of this table with a similar one for 1903 shows the improvement at once, and it is still more evident if the figures for previous years are also examined, as follows:

Mortality for Caracas.

Year.	Number of deaths.	Annual coefficient.
1901	2,838	33.00
1902	3,233	38.03
1903	3,199	37.99
1904	2,516	29.06

MORTALITY STATISTICS.

Deaths, by cause, age, sex, and nationality, in Caracas in 1904.

[Population of Caracas, 85,000.]

Epidemic diseases:	
Typhoid fever	86
Erysipelas	2
Measles	1
Diphtheria	4
Whooping cough	4
Grippe	7
Other epidemic diseases	5
Total	109
General diseases:	
Tuberculosis of lungs	415
Tuberculosis of meninges	13
Tuberculosis of other organs	80
General tuberculosis	13
Scrofula	11
Pott's disease	2
Syphilis	8
Alcoholism	21
Cancer and other tumors	56
Septicemia	1
Anemia, chlorosis	21
Malarial fevers	31
Rhêumatism	1
Chronic alcoholism	2
Total	675
Diseases of the nervous system:	
Encephalitis	16
Simple meningitis	44
Locomotor ataxia	3
Softening of the brain	13
Cerebral congestion	12
Cerebral hemorrhage	23
Epilepsy	2
General paralysis	11
Diseases of the nervous system—Con.	
Nonpuerperal eclampsia	26
Infantile convulsions	46
Other diseases of the brain	23
Other diseases of the medulla	10
Tetanus	17
Total	246
Circulatory system:	
Endocarditis	10
Pericarditis	2
Organic diseases of the heart	80
Angina pectoris	16
Valvular diseases	84
Arterial diseases	60
Aneurisms	67
Embolism	2
Other diseases	14
Total	335
Respiratory system:	
Diseases of the larynx	2
Acute bronchitis	25
Chronic bronchitis	3
Pneumonia	59
Pleurisy	18
Congestion of the lungs	12
Apoplexy of lungs	11
Gangrene of lungs	1
Asthma	3
Broncho-pneumonia	41
Other diseases	22
Total	194

Digestive system:	
Pharynx and esophagus	2
Ulcer of the stomach	9
Other diseases of the stomach	34
Diarrhea in infants under 2 years	133
Enteritis	159
Hernia and intestinal obstructions	11
Intestinal parasites	17
Other diseases of the intestines	6
Dysentery	181
Cirrhosis	23
Jaundice	11
Biliary calculi	40
Peritonitis	6
Appendicitis	26
Other diseases	7
Cholera morbus	13
	16
Total	694
Genito-urinary system:	
Acute nephritis	25
Bright's disease	19
Calculi of urinary tract	1
Diseases of the bladder	6
Diseases of the prostate	2
Uterine hemorrhage	5
Hemorrhage of the annexes	5
Cysts and other tumors of the uterus and ovaries	11
Total	74
Puerperal diseases:	
Convulsions	1
Other accidents	1
Puerperal septicemia	18
Total	20
Diseases of the skin:	
Anthrax	8
Other diseases	1
Total	9
Old age:	
Congenital debility	89
Senile debility	27
Total	116
Violent deaths:	
Firearms	12
Fractures	3
Burns and scalds	7
Suicides	1
Poison	4
Other violent deaths	8
Sudden deaths	2
Total	37
Ill-defined diseases	4

RECAPITULATION.

Nervous system	246
Circulatory system	335
Respiratory system	197
Digestive system	694
Genito-urinary system	74
Epidemic diseases	109
General diseases	675
Puerperal diseases	20
Congenital debility	89
Senile debility	27
Violent deaths	37
Skin and cellular tissue	9
Ill-defined diseases	4
Total	2,516

The following table shows a comparison between the causes of death in 1903 and 1904:

	1903.	1904.	Difference in favor of 1904.
Nervous system	283	246	37
Circulatory system	446	335	111
Respiratory system	153	197	.....
Digestive system	855	694	161
Genito-urinary system	71	74	.....
Epidemic diseases	172	109	63
General diseases	869	675	194
Puerperal diseases	15	20	.....
Congenital debility	52	89	.....
Senile debility	23	27	.....
Violent deaths	41	37	4
Skin and cellular tissue	14	9	5
Pott's disease	68	4	64
Unknown	15	.....	10
Total	3,077	2,616	.....

The table shows the progress of mortality in each month of the year, and there should be noted the decrease thereof from January to December, the low rate being constantly maintained in the past months of this year. This table also shows the movement of deaths in the eight parishes, it being notable that the most healthy is Santa Rosalía and the least healthy San José. The former has a population of 10,000 and the latter 6,000. Next in point of health comes Santa Teresa, with 9,000 inhabitants and 224 deaths; then La Pastora, with 6,000 inhabitants and 241 deaths; and finally Candelaria, San Juan, Altagracia, and Catedral, with a mortality quite large for their population.

The same table permits a study of the mortality compared with that in 1903.

Mortality, by months, in 1904.

Parishes.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	1903.
Catedral	34	29	25	30	21	31	24	28	20	23	27	23	315	330
Altagracia	34	31	34	31	25	20	21	32	23	37	34	38	360	423
La Pastora	22	22	21	23	19	24	11	23	17	25	16	18	241	344
San Juan	27	24	25	28	39	27	28	31	19	28	25	33	334	386
Candelaria	35	19	23	31	29	34	29	18	34	15	23	17	307	424
Santa Rosalía	24	22	19	11	18	21	14	18	22	19	13	12	213	276
Santa Teresa	12	22	20	15	19	25	20	19	14	34	11	13	224	258
San José	50	40	56	31	46	56	43	54	36	30	44	36	522	758
Total	238	209	223	200	216	238	190	223	185	211	193	190	2,516	3,191

The preceding table permits even a close analysis and more favorable deductions if a comparison be made of the figures of the diseases which have always caused the greatest ravages in the health of our capital. Let us begin with tuberculosis.

In 1903 this terrible social plague was responsible for a total of 563 victims of all ages, especially between 15 and 40 years of age, of both sexes. In 1904 this figure was reduced to 521—still a very high figure, a figure due in great part to our inertia. As often as I have heretofore endeavored to establish a "Venezuelan league against tuberculosis," my efforts have come to naught, but I am not yet conquered. I still feel that I have strength for the struggle and enthusiasm for the work. It will never be too late if we attain the object we pursue.

Another of the chapters which deserves serious attention is typhoid fever.

Much, very much, has been said and written, but not yet enough, during the first months of 1905 and the last months of 1904 on this disease, which is daily becoming more prevalent and which threatens to become permanently established among us.

As the causes which produce, maintain, and distribute the disease are still in existence—namely, sewers, which are deficient on account of their primitive character, which will fortunately be modified in a very short time, as the governor, who is so zealous in securing the salubrity of Caracas, has destined the sums that Mr. Felipe Cavallini will pay under his contract for the installation of a new system which will constitute a sanitary improvement of the highest order, and in the meantime repairs to the existing sewers will be done with a constancy which is a certain pledge of the good intention to protect the lives of the inhabitants of Caracas; a defective water service in the houses, neglect of hygienic measures in regard thereto—it is evident that it has continued its nefarious work, but fortunately not attaining the character of an epidemic, although it has produced a number of deaths, which forces us to adopt all the precautions that science prescribes and that experience advises.

In 1903 the disease caused 88 deaths and this year 86.

DIGESTIVE SYSTEM.

Next in turn come the diseases of the digestive system, the number of deaths from which has been relatively smaller this year, but still representing so high a rate that they are worthy of a serious analysis.

In the year under consideration diseases of this character were responsible for 694 deaths, as against 855 in 1903, showing a balance in favor of 1904 of 161.

I have said it more than enough times to be well understood, but once more will not be superfluous: The water in the first place, not the water of Macarao, but the water of Caracas, which produces dysentery, enteritis, the vehicle of intestinal parasites, is the most immediate cause of the large number of diseases of this kind. I will sustain this opinion until the contrary be proved.

Notwithstanding the continued well-directed efforts of the very competent supervisor of the market of this city, who daily visits the various departments of the building and condemns everything not up to the necessary standard of health, and in spite of the investigations conducted by the office of hygiene, the amount of food stuffs of bad quality sold in this city is so great that they in themselves are sufficient to produce the bad effects daily observed.

I call your attention, Citizen Governor, to the urgent necessity of providing the office of hygiene with a chemical laboratory for the analysis of all substances which in the judgment of the director of the office do not fulfill the required conditions. The immediate advantage of this would be to enable an exact examination of the product and permit of the punishment of an unscrupulous merchant who for the sake of a few cents does not hesitate to poison the entire population of a town. Another remote advantage of this would be that other dealers, on seeing one of their colleagues disqualified to engage in his industry, would think a long time before giving the public an adulterated or decomposed product.

Caracas in thankfulness would applaud you heartily.

I could say very much on a matter of so great interest and so instructive, but, in the first place, I have already spoken of the subject in earlier reports and in the daily press; and, in the second, the necessarily great length of this work does not permit me to continue.

Table No. 4 shows us a transcendental social problem; that is, the age at death. From 0 to 10 years of age 729 persons dies in Caracas, a little under one-third of the total number of deaths—2,516.

Many are called to live and few selected to continue living. Unfortunately, facts of this character are not our exclusive patrimony. The same thing occurs throughout Europe, America, and, finally, throughout the entire world; but in other nations they are not satisfied to call attention to the evil, but they remedy it, forming societies for the protection of infants against infantile convulsions, etc.

Here defective nourishment, convulsions, and sometimes epidemic diseases decimate the infantile population. I take the liberty of recommending the establishment of hygienic packages against infantile convulsions as one of the easiest works to execute, not only on account of the small cost thereof, but the ease with which they can be sent to their destination. Please issue your orders, as I possess all the data necessary to proceed in the matter successfully.

From 20 to 50 years—that is, during the age of sexual vigor, at the time of the procreation of both sexes—1,259 persons died, most of them victims to tuberculosis, as it is well known that this is the age when its ravages are greatest. This shows how important it is that the fight against this disease be begun as soon as possible.

Between the ages of 50 and 100 the deaths numbered 528, a figure which is not very encouraging regarding the duration of life among us.

TABLE NO. 4.—*Ages.*

0 to 1 year	413	51 to 60 years	185
1 to 10 years	316	61 to 70 years	169
11 to 20 years	241	71 to 80 years	102
21 to 30 years	447	81 and over	72
31 to 40 years	349		
41 to 50 years	222	Total	2,516

With regard to conjugal condition and nationality the statistics for 1904 do not show very notable figures.

Single	1,940
Married	386
Widowed	190
Total	2,516

The nationality shows only the small number of foreigners living among us:

Venezuelans	2,346	Other nations	20
Spaniards	107	Unknown	4
Italians	20		
French	10	Total	2,516
Germans	9		

BIRTH RATE.

This is a matter of the highest importance in a country. It is a grave problem for a nation, especially for one like Venezuela, which has suffered since remote times so great a death rate.

The figures corresponding to the nativity of Caracas for the years 1903 and 1904 are almost identical—2,382 and 2,387—representing a rate of 28, which is certainly very pleasing.

Now, then, if our mortality were not so high the population would rapidly increase, but the contrary is the case, to the extent that the deficit is almost constant. In 1903 it was 817, and in 1904 there was also a deficit, but much lower, hardly reaching 129. Difference in favor of this year, 688.

It would be exceedingly tiresome to repeat the arguments which may be considered as an expression of the truth to explain the deficit of population, not, as has already been said, on account of a scarcity of births, but on account of an excess of deaths.

I have always attributed to the large number of illegitimate children the high rate of infant mortality, and with better reason than ever, I repeat it now.

I take the liberty to submit herewith, Citizen Governor, a table showing the number of births in the eight parishes composing our capital, and at the end a statement of the legitimate and illegitimate children in the years 1903 and 1904.

The number of males and females was practically the same—1,207 and 1,183. This is a factor of considerable importance from a social standpoint of view, if we reflect at the end of the year many more males have died than females, and that, therefore, it is necessary that more of the former be born than of the latter, to reestablish the balance which has so direct an influence on the constitution of the live forces of a country for its defense and vitality.

TABLE No. 5.—*Nativity in Caracas in 1904, by parishes and by months.*

Parishes.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Catedral	29	28	26	43	39	41	37	21	47	35	28	43	397
Altagracia	27	24	34	26	30	25	25	21	41	36	30	33	352
La Pastora	21	16	19	30	16	29	18	22	19	20	23	35	268
San Juan	27	21	23	29	36	23	39	38	21	43	34	34	368
Candelaria	23	17	39	35	32	28	11	31	33	10	20	25	304
Santa Teresa	19	14	13	24	12	23	10	30	13	19	16	26	219
Santa Rosalia	16	15	14	17	11	19	21	15	14	23	15	28	208
San Jose	15	11	21	27	26	26	18	28	22	20	18	39	271
Total	177	146	189	231	202	214	179	206	190	206	184	263	2,387

Legitimate males	626	Illegitimate males	581
Legitimate females	603	illegitimate females	577
Total	1,229	Total	1,158

MARRIAGES.

The number of marriages celebrated in the city of Caracas in 1904 was 405. Considering this figure to be exact, as it is taken from the civil register, and estimating the population of the capital at 85,000 inhabitants, we get a marriage rate of 4.70 per thousand inhabitants, which is in itself quite satisfactory, especially if compared with 1903, when the rate was 3.60.

The financial situation of our country having improved somewhat in the past year, a large number of persons having the capacity to contract what was until recently an indissoluble tie, found means to satisfy their legitimate desires, and thus it is that the number of marriages increased from one year to the next from 300 to 405. There is no doubt that in the current year the figure will increase to what it was during the good times of Caracas, in the shadow of the peace secured on the field of battle by the always victorious sword of our highest magistrate, and consolidated by the industry which has since been observed in the field of labor.

If the present sovereign National Congress would deign to pass a law which would permit the most humble citizen to contract marriage without the series of obstacles and requisites which leads them away from the salutary practice, forcing them to a certain extent to live observing the laws of nature only, it would perform one of the most advantageous works, which in a few years would be evident by the increase of population.

Table No. 6 shows the number of marriages by parishes and by months in Caracas, and table No. 7 the previous status of the contracting parties, their degrees of education, and their nationality.

Of the parishes composing Caracas, the first place is occupied by La Pastora on account of its high marriage rate, in view of its population, which is much smaller than that of any other parish. Eighty-two marriages were celebrated. Then follows Altagracia, with 68, and in a descending scale we reach that of San Jose, where only 28 were celebrated.

From the preceding statement of the contracting parties we deduce that 382 single men and widowers contracted marriage with 390 single women and 15 widows, with a total of 20 children.

From the table showing the nationality, we see that the Spaniards lead in the number of those who marry our women, 44 having contracted marriage; then come the Italians, the French, English, and other nations.

TABLE No. 6.—*Marriages celebrated in Caracas in 1904.*

Parishes.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Catedral	4	3	5	3	5	1	2	3	3	5	2	6	42
Altagracia	5	9	8	5	4	1	4	5	6	5	6	10	68
La Pastora	3	3	.....	6	1	7	9	4	6	13	15	15	82
San Juan	5	6	4	6	1	3	5	8	5	6	4	8	61
Candelaria	3	4	1	3	9	4	1	7	4	2	3	11	52
Santa Rosalia	5	1	6	4	5	3	3	1	1	3	4	3	39
Santa Teresa	4	5	1	4	2	4	2	2	.....	6	1	2	33
San Jose	5	1	3	.....	2	1	5	2	.....	.....	4	5	28
Total	34	32	28	31	29	24	31	32	25	40	39	60	405

TABLE No. 7.—*Data relating to the contracting parties.*

The contracting man:	
Number of marriages	405
Unmarried	283
Widowers	23
Know how to read and write	382
Are related	4
Have children	91
Nationality:	
Venezuelans	342
Spaniards	44
Italians	8
English	2
French	2
Others	7
The contracting woman:	
Unmarried women	390
Widows	15
Know how to read and write	377
Are related	4
Have children	90
Nationality:	
Venezuelans	378
Spaniards	16
Italians	3
French	1
Other nations	7

STILLBIRTHS.

By morti-nativity is indicated the relation existing between the total number of stillbirths and that of births and deaths occurring in a determinate period.

In Caracas this number was 109 in 1904, as against 142 in 1903, the former being classified as 64 males and 45 females, a rate which is almost universal throughout the world, and in this instance corroborates what Bertillon, an authority in the matter, says, to the effect that the male morti-nativity always exceeds the female.

This is a matter which deserves much attention, but the data I possess up to the present do not permit me to ascertain the legitimacy or illegitimacy, the nationality of the parents, and often even the sex. The civil register does not show this clearly.

I propose, depending in advance on your recognized kindness, to take steps to have this data transmitted to this office with fuller and more exact details.

Having concluded this lengthy statement regarding Caracas, we now have to consider the district parishes, some of which are suburbs of the capital and places of recreation for their residents.

Their partial tables do not show anything worthy of note, excepting their salubrity and the almost total absence of contagious and epidemic diseases.

The population increased in all of them and 75 marriages were celebrated.

Department of Vargas.

In order that each section of territory called a department may figure in this report with its own features, I have deemed it advisable to make a sufficiently detailed study of the population of each. Therefore, there may be seen below a statement of the movement of the population and the causes of death in La Guaira, Maiquetia, Caraballeda, Naiguata, Carayaca, and Caruao.

From a study of these tables we deduce that in La Guaira there predominated in the year 1904 tuberculosis, with 47 deaths, malarial fevers, 16, and diseases of the gastro-intestinal system, with 45 deaths.

In Maiquetia, tuberculosis in the first place, 53, diseases of the digestive system, in a higher proportion even than in La Guaira, 62, for a lower mortality.

In Macuto, diseases of children, convulsions, eclampsia, intestinal parasites, and one or two cases of malarial and typhoid fever, the latter having undoubtedly been imported.

In Caraballeda dysentery caused some deaths, 11 out of 36 being due thereto. Tuberculosis and malarial fevers, together with convulsions, caused the rest.

There is nothing worthy of note in Naiguata, excepting several deaths from ophidian poisoning.

Carayaca, with a population of 5,000 inhabitants, incorporated to the Department of Vargas, has statistics for 6 months only. Its deaths numbered 61. Due to malaria, 11, and 9 to infantile convulsions.

Finally, Caruao, with 30 deaths, 13 due to whooping cough, which figure is quite alarming enough to seek a corrective measure if it should be repeated.

The sanitary-demographic movement of the Department of Vargas was the following:

MORTALITY STATISTICS.

Deaths by cause, age, sex, and nationality in the Department of Vargas in 1904.

[Population of the Department of Vargas, 32,000.]

Epidemic diseases:	
Typhoid fever	13
Erysipelas	1
Diphtheria	1
Whooping cough	16
Grippe	2
Scarlet fever	1
Other epidemic diseases	2
Total	36
General diseases:	
Tuberculosis of the lungs	122
Pott's disease	3
Syphilis	5
Alcoholism	2
Cancer and other tumors	10
Malarial fevers	42
Rheumatism	1
Chronic poisonings	2
Total	187
Diseases of the nervous system and organs of sense:	
Simple meningitis	13
Cerebral congestion	11
Cerebral hemorrhage	5
Epilepsy	1
General paralysis	5
Convulsions, nonpuerperal	16
Infantile convulsions	40
Other diseases of the medulla	3
Tetanus	8
Total	102
Circulatory system:	
Organic diseases of the heart	31
Valvular diseases	20
Arterial diseases	2
Aneurisms	18
Total	71
Respiratory system:	
Chronic bronchitis	5
Pneumonia	33
Pleurisy	2
Hemorrhage	2
Asthma	1
Total	43
Digestive system:	
Enteritis	69
Intestinal parasites	11
Dysentery	60
Cirrhosis	8
Jaundice	1
Abscesses of the liver	4
Peritonitis	1
Appendicitis	1
Cholera morbus	2
Total	157
Genito-urinary system:	
Acute nephritis	4
Bright's disease	3
Diseases of the bladder	2
Total	9

Puerperal diseases:	
Puerperal septicemia	4
Skin and cellular tissue:	
Gangrene	5
Old age:	
Congenital debility	6
Senile debility	3
Total	9

Violent deaths:	
By firearms	1
Burns and scalds	2
Suicides	3
Other violent deaths	5
Sudden deaths	4
Total	15
Ill-defined diseases	50
Unknown causes	2
Total	52

RECAPITULATION.

Nervous system	102	Congenital debility	6
Circulatory system	71	Senile debility	3
Respiratory system	43	Violent deaths	15
Digestive system	157	Skin and cellular tissue	5
Genito-urinary system	9	Ill-defined diseases	50
Epidemic diseases	36	Unknown causes	2
General diseases	187		
Puerperal diseases	5	Grand total	691

Ages.

From 0 to 1 year	144	From 40 to 59 years	136
From 1 to 4 years	88	60 years and upward	117
From 5 to 19 years	75		
From 20 to 39 years	131	Total	691

Nationality.

Venezuelans	622	Germans	2
Spaniards	52	Other nations	9
Italians	3		
French	3	Total	691

Civil status of the deceased.

Unmarried	532
Married	99
Widowed	60
Total	691

Births.

Legitimate males	213
Legitimate females	210
Illegitimate males	236
Illegitimate females	190
Total	849
Deaths	691
Marriages	81

The Department of Guaicaipuro, composed of Los Teques, Miquilén, Carrizal, San Pedro, San Antonio, San Diego, Tácata, and Paracotos, constitutes what we call "Los Altos" (The Heights), and, having a fine climate and fertile plantations, they form a magnificent part of the country.

Los Teques, a pleasant spot for recreation on account of its admirable topography and healthy climate, with a population of 4,000 inhabitants, had, in the second semester of 1904 (having been annexed in May to the Federal district), a mortality of 63, which, multiplied by 2 to give us that for the year, gives us a rate per thousand of 15.74, which is equal to or better than that of many European countries.

Dysentery and anemia, which diseases are endemic and responsible for many deaths in that section of Venezuela, as will be seen in the course of this report, produced the largest number of deaths, the diseases of the respiratory organs, tuberculosis of the lungs, bronchitis, etc., coming next in importance.

Miquilén, a large district of the town of Los Teques, also with 4,000 inhabitants, had 60 deaths. Ten, or one-sixth, were due to tuberculosis. This is explained by the fact that this place is selected by persons suffering from complaints of this character to recover their health and die there. There is a large number of ill-defined diseases (mostly dropsy) and where the cause is unknown. I attribute anemia as the cause of both, which disease, as already stated, is endemic there. This supposition is far from being a capricious one; it is based on a report in my hands signed by my esteemed colleague, Dr. Perdomo Hurtado, who is engaged in his profession there.

In Carrizal, San Pedro, San Antonio, and San Diego tuberculosis and anemia were responsible for many deaths, and in Tácata and Paracotos dysentery, malarial fevers, and anemia by anchylostomasia.

MORTALITY STATISTICS.

Deaths by cause, age, sex, and nationality, in the Department of Guaicaipuro in the second semester of 1904.

[Population of the Department of Guaicaipuro, 8,000.]

Epidemic diseases:	
Typhoid fever	1
Diphtheria	1
Whooping cough	3
Total	5
General diseases:	
Tuberculosis of the lungs	31
Syphilis	1
Cancer and other tumors	5
Anemia and chlorosis	31
Malarial fevers	19
Rheumatism	1
Total	98
Diseases of the nervous system and organs of the senses:	
Cerebral congestion	5
Cerebral hemorrhage	1
Epilepsy	1
General paralysis	2
Nonpuerperal convulsions	16
Infantile convulsions	18
Tetanus	3
Total	46
Circulatory system:	
Pericarditis	3
Organic diseases of the heart	3
Valvular diseases	1
Arterial diseases	4
Aneurisms	3
Total	14
Respiratory system:	
Pneumonia	7
Pleurisy	2
Respiratory system—Continued.	
Congestion of the lungs	1
Broncho-pneumonia	5
Total	15
Digestive system:	
Enteritis	10
Hernia and intestinal obstructions	1
Intestinal parasites	18
Dysentery	26
Cirrhosis	6
Abcesses of the liver	2
Peritonitis	3
Total	66
Genito-urinary system:	
Acute nephritis	2
Puerperal diseases:	
Other accidents	1
Skin and cellular tissue:	
Gangrene	1
Old age:	
Congenital debility	18
Senile debility	4
Total	22
Violent deaths:	
By firearms	1
Burns and scalds	2
Suicides	1
Poisoning	3
Other violent deaths	3
Total	10
Ill-defined diseases	45
Unknown causes	16
Total	61

RECAPITULATION.

Nervous system	46	Congenital debility	18
Circulatory system	14	Senile debility	4
Respiratory system	15	Violent deaths	10
Digestive system	66	Skin and cellular tissue	1
Genito-urinary system	2	Ill-defined diseases	45
Epidemic diseases	5	Unknown causes	16
General diseases	98		
Puerperal diseases	1	Total	341

Civil status.

Unmarried	283
Married	31
Widowed	27
Total	341

Ages of the deceased.

From 0 to 11 years	65	From 51 to 60 years	27
From 1 to 10 years	73	From 61 to 70 years	15
From 11 to 20 years	26	From 71 to 80 years	9
From 21 to 30 years	47	81 years and over	6
From 31 to 40 years	34		
From 41 to 50 years	39	Total	341

Nationality.

Venezuelans	339
Spaniards	2
Total	341

Births.

Legitimate males	105	Illegitimate females	176
Legitimate females	104		
Illegitimate males	195	Total	580
Marriages			14

DEPARTMENT OF SUCRE.

The Department of Sucre having been incorporated to gether with Guaicaipuro last year to the western section of the federal district, it began to figure in statistics in July of this year.

Its component parts, Petare, Baruta, Hatillo, and Chacao, form a total of about 20,000 inhabitants, distributed in innumerable villages and hamlets.

Tuberculosis, dysentery, infantile convulsions, and malaria constitute the salient causes of death in this department.

Malaria here, as in Guaicaipuro, is endemic, for which reason it would be a measure of great judgment and benefit to extend thereto the scientific measures I request for the Department of Guaicaipuro.

Even at the risk, Citizen Governor, of making this report longer than it should be, I am going to take the liberty of informing you of my anxiety that you make a personal investigation of that most important matter, anemia by anchylostomy, a disease which attacks the most useful, healthiest, and most laborious portion of the populators of the so-called "Los Altos." I believe that if your enlightened Government would appoint a commission composed of Bachelor Rangel, as intelligent as he is modest, of Dr. Perdomo Hurtado, a practicing physician in Los Teques, and consequently acquainted with the country and the disease, and of the undersigned, who would contribute no other scientific capital but his love of medicine, and especially of hygiene, which commission will study the disease, its causes, and the manner of avoiding it, the little money which this would cost could not be invested to better purpose, in view of the great benefit which would be felt in the near future.

Table No. 10 will give a clearer idea of what I have said and will show the movement of population, with all its details, in the year 1904.

MORTALITY STATISTICS.

Deaths by cause, age, sex, and nationality in the Department of Sucre in the year 1904.

[Population of the Department of Suere, 20,000.]

Epidemic diseases:	
Diphtheria	4
Whooping cough	6
Grippe	1
Total	11
General diseases:	
Tuberculosis of the lungs	29
Syphilis	2
Cancer and other tumors	2
Anemia and chlorosis	15
Malarial fevers	14
Total	62
Diseases of the nervous system and of the organs of the senses:	
Meningitis	7
Cerebral hemorrhage	3
General paralysis	1
Nonpuerperal convulsions	14
Infantile convulsions	20
Tetanus	1
Total	46
Circulatory system:	
Endocarditis	5
Organic diseases of the heart	9
Arterial diseases	3
Aneurisms	5
Embolism	2
Total	24
Respiratory system:	
Acute bronchitis	5
Pneumonia	5
Total	10
Digestive system:	
Enteritis	22
Dysentery	19
Cirrhosis	6
Peritonitis	1
Appendicitis	3
Cholera morbus	2
Total	53
Genito-urinary system:	
Acute nephritis	2
Bright's disease	3
Diseases of the bladder	1
Total	6
Puerperal diseases:	
Convulsions	4
Other accidents	6
Total	10
Skin and cellular tissue:	
Gangrene	1
Old age:	
Congenital debility	6
Violent deaths:	
By firearms	3
Ill-defined diseases	18

RECAPITULATION.

Nervous system	46	Puerperal diseases	11
Circulatory system	24	Congenital debility	6
Respiratory system	10	Violent deaths	3
Digestive system	53	Skin and cellular tissue	1
Genito-urinary system	6	Ill-defined diseases	17
Epidemic diseases	11		
General diseases	62	Grand total	250

Ages.

From 0 to 11 months	69	From 51 to 60 years	14
From 1 to 10 years	32	From 61 to 70 years	13
From 11 to 20 years	30	From 71 to 80 years	2
From 21 to 30 years	40	81 years and over	10
From 31 to 40 years	27		
From 41 to 50 years	13	Total	250

Nationality.

Venezuelans	246
Spaniards	4
Total	250

Civil status of deceased.

Unmarried	206
Married	28
Widowed	16
Total	250
Marriages	50

Births.

Legitimate males	60	Illegitimate females	94
Legitimate females	67		
Illegitimate males	99	Total	320

Citizen Governor, all that has been stated in minute detail, in which if anything be lacking it should be attributed not to neglect, but to my intellectual failings, covers everything which has occurred from a sanitary and demographic standpoint in the vast territory intrusted by the citizen provisional President of the Republic to your patriotism and partisan decision. The needs are numerous. I recognize them. The time during which the country has been enjoying peace is short. The good will to remedy them is sufficient for their realization. May God grant us tranquillity and the miracle of seeing Caracas first, and then the other towns, enjoying conditions which can not be bettered in a short time, in so far as health is concerned.

I would consider myself fortunate if this report meets with your approval.

A. Herrera Vegas,
Director of Hygiene and Statistics.

Exhibit "B."

NATIONAL MORTALITY.

STATISTICS OF DISEASES.

Below may be seen the general statistical tables of the mortality in the second semester of 1904 in the States of the Republic and in the Federal district, classified by diseases and causes of death.

The classification of M. Bertillon has been adopted by the statistical office of Venezuela, and these tables are a recapitulation of the work of classification for the said six months.

Only two States did not send their reports—Guarico and Táchira; but surely we will have the data for these two entities in the new year. On account of the absence of these two States and on account of a large number of diseases not being classified, the general computation of mortality here is not equal to the mortality shown by the demographic table.

The total number of classified deaths reached 23,603, of which 39 per cent were caused by the four following diseases:

Malarial fevers (all manifestations)	4,132
Tuberculosis	2,116
Dysentery	1,630
Tetanus	1,445

Then follow in order of magnitude:

Infantile convulsions (eclampsia, etc.), 463; pneumonia, 416; organic diseases of the heart, 432; anemia, chlorosis, 416; whooping cough, 379; diarrhea and enteritis in children 2 years of age and over, 338; nonpueperal convulsions, 318; diarrhea and enteritis in children under 2 years of age, 299; intestinal parasites, 293, etc.

The four principal diseases produced, of the total number of deaths, the following proportions, in round numbers:

	Per cent.
Malarial fevers	18
Tuberculosis	8
Dysentery	6
Tetanus	6

NATIONAL MORBILITY.

STATISTICS OF DEATHS.

General statement of the deaths which occurred in the Republic during the second six months of the year 1904, classified by diseases and causes of death.

Nomenclature of diseases and causes of death.	General total.
I. Diseases in general.	
1. Typhoid fever	564
2. Exanthematic typhus	79
3. Relapsing fever	644
4. Intermittent fever and malarial cachexia.	2,762
4b. Malarial cachexia	83
5. Smallpox	125
6. Measles	73
7. Scarlet fever	20
8. Whooping cough	379
9. Diphtheria and croup	108
10. Diphtheria	22
11. Influenza	77
12.	.....
13. Cholera nostras	14
14. Dysentery	1,631
14b. Epidemic dysentery	116
15. Bubonic plague	16
16. Yellow fever	48
17. Leprosy	31
18. Erysipelas	66
19. Other epidemic diseases	30
20. Purulent infection and septicemia	8
21. Glanders and farcy	43
22. Malignant pustule	4
23. Rabies	4
24. Actinomycosis, trichinosis, etc.	.....
25. Pellagra	.....
26. Tuberculosis of the larynx	86
27. Tuberculosis of the lungs	1,726
28. Tuberculosis of the meninges	41
29. Abdominal tuberculosis	92
30. Pott's disease	11
31. Cold abscess and abscess by congestion	20
32. White swelling	14
33. Tuberculosis of other organs	102
34. General tuberculosis	69
35. Scrofula	57
36. Syphilis	103
37. Gonorrhea in adults	6
38. Gonococcical diseases of children	6
Cancer and other malignant tumors.	
39. Of the bucal cavity	11
40. Of the stomach, of the liver	72
41. Of the peritoneum, intestines, and rectum	21
42. Of the genital organs of women	26
43. Of the breast	10
44. Of the skin	7
45. Of other or unspecified organs	58
46. Other tumors (excepting female genital organs)	4
47. Acute articular rheumatism	102
48. Chronic rheumatism and gout	.....
49. Scurvy	40
50. Diabetes	46
51. Exophthalmic goiter	10
52. Addison's disease	1
53. Leukemia	2
54. Anemia, chlorosis	416
55. Other general diseases	.....
56. Acute and chronic alcoholism	68
57. Lead poisoning	86
58. Other chronic poisonings	2
59. Other poisonings	2
II. Diseases of the nervous system and of the organs of the senses.	
60. Encephalitis	22
61. Meningitis	148
61b. Epidemic cerebrospinal meningitis	44
62. Progressive locomotor ataxia	6
63. Other diseases of the spinal cord	9
64. Congestion and hemhorrhage of the brain	259
65. Softening of the brain	21
66. Paralysis without any indicated cause	72
67. General paralysis	124
68. Other forms of mental diseases	11
69. Epilepsy	66
70. Convulsions (nonpuerperal)	318
71. Convulsions of children (eclampsia)	463
72. Tetanus	1,445
73. Chorea	.....
74. Other diseases of the nervous system	68
75. Diseases of the eyes and annexes	33
76. Diseases of the ear	1
III. Diseases of the circulatory system.	
77. Pericarditis	43
78. Acute endocarditis	21
79. Organic diseases of the heart	432
80. Angina pectoris	157
81. Diseases of the arteries, atheroma	82
81a. Aneurism, etc	141
82. Embolism and thrombosis	7
83. Diseases of the veins (varicose veins, hemorrhoids, phlebitis, etc.)	7
84. Diseases of the lymphatic system (lymphangitis, etc.)	17
85. Hemorrhage	102
85a. Valvular diseases	92
86. Other diseases of the circulatory system	28
IV. Diseases of the respiratory system.	
87. Diseases of the nasal fossæ	11
88. Diseases of the larynx	22
89. Diseases of the thyroid body	2
90. Acute bronchitis	219
91. Chronic bronchitis	97
92. Bronchopneumonia	71
93. Pneumonia	436
94. Pleurisy	185
95. Congestion and apoplexy of the lungs	157
96. Gangrene of the lungs	97
97. Asthma	66
99. Other diseases of the respiratory system (excepting consumption)	.....
V. Diseases of the digestive system.	
100. Diseases of the mouth	8
101. Diseases of the larynx	3
102. Diseases of the esophagus	18
103. Ulcer of the stomach	36
104. Other diseases of the stomach (excepting cancer)	45
105. Diarrhea and enteritis (in children under 2 years of age)	299
105b. Chronic enteritis	200

Nomenclature of diseases and causes of death.	General total.
V. *Diseases of the digestive system*—Continued.	
106. Diarrhea and enteritis (in children 2 years of age and over)	338
107. Intestinal parasites	293
108. Hernia, intestinal obstructions	40
109. Other intestinal diseases	67
110. Jaundice	24
111. Hydatic tumors of the liver	36
112. Cirrhosis of the liver	94
113. Biliary calculi	33
113a. Abscesses of the liver	89
114. Other diseases of the liver	114
115. Diseases of the spleen	56
116. Peritonitis (nonpuerperal)	54
117. Other diseases of the digestive system (excepting cancer and tuberculosis)	39
118. Appendicitis and phlegmon of the iliac fossa	10
118a. Infantile cholera	37
VI. *Diseases of the genitourinary system.*	
119. Acute nephritis	47
120. Bright's disease	17
121. Other diseases of the kidneys and annexes	.....
122. Calculi of the urinary tract	38
123. Diseases of the bladder	16
124. Other diseases of the urethra, urinary abscesses	33
125. Diseases of the prostate gland	27
126. Nonvenereal diseases of the male genital organs	6
127. Metritis	26
128. Uterine hemorrhage, nonpuerperal	1
129. Uterine tumors, noncancerous	11
130. Other uterine diseases	13
131. Cysts and other tumors of the ovary	15
132. Other diseases of the female genital organs	10
133. Nonpuerperal diseases of the breast (excepting cancer)	10
VII. *The puerperal state.*	
134. Accidents of pregnancy	.....
135. Puerperal hemorrhage	51
136. Other accidents of labor	58
137. Puerperal septicemia	84
138. Puerperal albuminuria and convulsions	25
139. Phlegmasia alba dolens, puerperal	20
140. Other puerperal accidents	35
Sudden death.	
141. Puerperal diseases of the breast or mammal gland	.....
VIII. *Diseases of the skin and cellular tissue.*	
142. Gangrene	49
143. Anthrax or furuncle	1
144. Phlegmon, acute abscess	1
145. Other diseases of the skin and annexes	16
XI. *Diseases of the locomotor system.*	
146. Nontuberculous diseases of the bones	14
147. Arthritis and other diseases of the joints (except tuberculosis and rheumatism)	7

Nomenclature of diseases and causes of death.	General total.
XI. *Diseases of the locomotor system*—Continued.	
148. Amputation	4
149. Other diseases of the organs of locomotion	22
X. *Malformations.*	
150. Congenital malformations (not including still births)	2
XI. *Early infancy.*	
151. Congenital debility, icterus and sclerema	113
152. Other diseases peculiar to early infancy	222
153. Lack of care	63
XII. *Old age.*	
154. Senile debility	101
XIII. *Diseases due to external causes.*	
A. *Suicide.*	
155. Suicide by poison	4
156. Suicide by asphyxia	1
157. Suicide by hanging or strangulation	2
158. Suicide by drowning	2
159. Suicide by firearms	15
160. Suicide by sharp instruments	9
161. Suicide by precipitation from an elevation	3
162. Suicide by crushing	.....
163. Other suicides	.....
B. *Homicide.*	
163a. Homicide by a sharp instrument	22
163b. Homicide by firearms	37
163c. Homicide by fracture	4
163d. Homicide by poisoning	5
163e. Homicide by asphyxia	1
163f. Homicide by drowning	2
163g. Homicide by precipitation from an elevation	1
C. *Other external causes.*	
164. Fractures	14
165. Dislocations	1
166. Other accidental traumatisms	46
167. Burns by fire	27
168. Burns by corrosive substances	1
169. Sunstroke	8
170.	.....
171. Electric shock	2
172. Accidental drowning	27
173. Inanition	19
174. Absorption of deleterious gases	2
175. Other acute poisonings	19
176. Other external violence	34
176a. Bites of poisonous animals	43
XIV. *Ill-defined diseases.*	
177. Dropsy	1,285
178. Sudden death	131
179. Causes of death not specified or ill-defined	2,676
Total	23,603

Total of deaths occurring during the second half of the year 1904, classified by diseases and causes of death:

	Per cent.
Tetanus	6
Dysentery	6
Tuberculosis in general	8
Malaria under several forms	18
Several diseases and causes of death	62

REMARKS ON THE GEOGRAPHIC DISTRIBUTION OF THE YELLOW-FEVER MOSQUITO, AND SOME OTHER POINTS CONNECTED WITH THIS INSECT. BY DR. L. O. HOWARD, PH. D., CHIEF OF THE BUREAU OF ENTOMOLOGY OF THE U. S. DEPARTMENT OF AGRICULTURE AND CONSULTING ENTOMOLOGIST OF THE UNITED STATES PUBLIC HEALTH AND MARINE-HOSPITAL SERVICE.

Doctor Howard expressed his pleasure at the honor conferred upon him by the congress in affording him the privileges of the floor and in inviting him to say something on the subject of his recent work connected with *Stegomyia fasciata*. He stated that he had noticed in the newspapers that the president, Surgeon-General Wyman, had distributed to members of the congress the recent revision of the paper entitled "Concerning the Geographic Distribution of the Yellow-Fever Mosquito," originally published in November, 1903, but now revised to September 10, 1905.

The speaker expressed the hope that members of the congress coming from Central American and South American countries would do him the great service to read with some care the generalizations made on pages 7 and 8 of the paper in question, and that they would apply the temperature law there formulated to regions in their own countries in which *Stegomyia* exists and into which they fear it may be introduced.

Corroborating evidence, especially from the Southern Hemisphere, would be of great importance. He also begged that representatives from Central American and South American countries would do him the great favor of securing, if possible, the sending of species of mosquitoes from these countries to the United States National Museum. Persons in those countries working especially upon mosquitoes would gladly be assisted by Doctor Howard's corps of assistants in the determination of species, and the speaker would gladly exchange named specimens for unnamed specimens.

When Doctors Reed, Carroll, and Lazear first went to Cuba all of them came to the Department of Agriculture and made some preliminary studies of the mosquitoes in the collections of which the speaker had charge. They studied with especial care the anatomical peculiarities of mosquitoes, of importance in determining species, and were therefore thoroughly posted when they proceeded to Cuba and began their epoch-making experiments.

Doctor Howard early realized, after the satisfactory proof gained of the yellow-fever relation of *Stegomyia*, that the geographic distribution of this species is of enormous importance as a basis of sound quarantine measures, and he therefore began at once with the limited means at his command to investigate this important subject.

The preliminary results were published in the first edition of the paper just referred to in November, 1903. In 1904, however, after having made his generalizations and satisfied himself that for all practical purposes *Stegomyia fasciata* is a tropical and Lower Austral species, he made an effort to determine the line of northern distribution of the species in the United States. He started an assistant in Texas in June, who followed up the supposed northern line of distribution to Tennessee, where his place was taken by another assistant in August, who carried the investigation on to the Atlantic coast. The results of this work have been of great importance, as indicated in the second edition of the paper in question. Surgeon-General Wyman has been good enough to say that the facts ascertained in this investigation have been of great service to the Public Health and Marine-Hospital Service during the yellow-fever outbreak of the present year.

It so happened that, while it was important to issue this paper at the earliest possible moment, two important lines of investigation bearing on this point were in progress in Central America and in the West Indies. Neither of the investigators in these regions had returned to Washington at the date the paper was written and neither of them had sent in full reports. Within the past few days both men have returned to Washington and have submitted verbal reports, and the speaker is therefore able at this time, fortunately, to give, very briefly, some of the additional facts ascertained by these investigators.

Mr. Frederick Knab started at Veracruz in June, went to Cordova, Mexico, south to the Tehuantepec Railroad and crossed the isthmus from Santa Lucretia to Salina Cruz, stopping at Rincon Antonio and at Tehuantepec. He afterwards visited points in Guatemala,

Costa Rica, and Salvador. The points at which he found *Stegomyia fasciata*, and which are not recorded in the paper distributed at this meeting, were as follows:

Rincon Antonio (Oaxaca), Mexico.
Tehuantepec (Oaxaca), Mexico.
Salina Cruz (Oaxaca), Mexico.
Acapulco, Mexico.
Champerico, Guatemala.
San Jose, Guatemala.
San Salvador, Salvador.
Sonsonate, Salvador.
Corinto, Nicaragua.
Punta Arenas, Costa Rica.
Esparta, Costa Rica.
San José, Costa Rica.
Port Limon, Costa Rica.

The other investigator, Mr. A. Busck, started at Trinidad and proceeded northward through the Antilles to Santo Domingo, thence returning to Washington. The points at which Mr. Busck found *Stegomyia fasciata*, and which are not recorded in this paper, are as follows:

Trinidad: Cedros (extreme southwest corner), Pitch Lake, Port of Spain, Monserrat, Arima (center of island).
Tobago Island.
Grenada.
St. Vincent.
Barbados.
St. Lucia.
Martinique, Port of France, but not Pelee.
Dominica.
Guadeloupe, Basse Terre.
St. Thomas.
Porto Rico: Ponce and Mayaguez.
Santo Domingo: St. Cristobal (2,000 feet elevation), Sanchez, Port of Plata.

Some interesting points have been brought out by the observations of both of these workers. For example, Mr. Knab found that at San José, Costa Rica, a city which has an elevation of perhaps 3,000 feet, the yellow-fever mosquito is not abundant, and he is informed that there is no history of yellow fever at that place; in fact, convalescents from the coast are brought to San José by railroad. It occurs to the speaker that we have here possibly a case comparable with the extralimital regions in the United States to which the yellow-fever mosquito is carried during the summer time on railroads or by steamboats, and where it breeds for one or more generations before the close of the season. These are not permanent breeding regions, but regions where the yellow-fever mosquito may be found some years—perhaps every year—late in the summer.

Mr. Busck found that the yellow-fever mosquito is strangely scarce in Santo Domingo City. It is common in St. Cristobal, 2,000 feet elevation, twenty miles inland. This curious fact seems inexplicable. It is the history of the distribution of this mosquito in other parts of the world that the coast-lying cities are most seriously affected; mosquitoes are most numerous there, and the disease is of course most prevalent. Mr. Busck was informed that there has never been an epidemic of yellow fever in Santo Domingo City. Neither he nor I have consulted the records to ascertain the accuracy of this report.

The highest point of the Tehuantepec Railroad is Rincon Antonio. The railroad surgeon at that point, Doctor Athey, was making a strong antimosquito fight, but was not certain that *Stegomyia* existed at that point. Mr. Knab found it abundantly in the workmen's houses, and discovered that much labor was being wasted in the kerosene operations, since ditches and large pools which were not breeding mosquitos of any kind were being treated, whereas small accidental receptacles and small breeding places like the footprints of cattle in wet land, were being overlooked. He also found that one large water barrel in which there were hundreds of larvæ, had been overlooked.

So much concerning distribution. Many observations were made in tropical regions by both of these observers which are all more or less interesting. Mr. Knab caught *Stegomyia* on the steamer a day out of Kingston, Jamaica. On a former trip Mr. Busck caught *Stegomyia* on a Ward Line steamer in New York Harbor after returning from Cuba.

In regard to breeding places, both of these observers were interested in the fact that *Stegomyia* breeds always in clear water, and seldom or never in foul water, and always in artificial receptacles, except in one case where Mr. Knab found, at Cordova, Mexico, this species breeding in a transient street puddle. The almost universal clear-water breeding noted by these observers is of especial interest in comparison with the fact noted by Carroll, Dupree, and other observers that the growth of *Stegomyia* larvæ is greatly hastened in the laboratory by placing a small amount of human excrement in the water. The house of the American consul at San Salvador was especially infested with *Stegomyia*. In a church at Grenada Mr. Busck found *Stegomyia* breeding abundantly in the holy-water font, and also in several other churches in different West Indian islands. The adult mosquitoes were abundant in these churches.

I would say that I took the trouble, when Mr. Busck told me this, to telephone to Rev. Dr. Stafford, here in Washington, and ask him a few questions to find out what was put in the holy water in the fonts, and he told me that they were in the habit of putting salt

in the ordinary fonts. Now they are using salt as a mosquito killer in New Orleans in the ditches and gutters, during the last year, and therefore it seems to me if the priests would put a little more salt in the fonts, not a mere pinch but enough to have an appreciable effect, that much good would be accomplished; because not only was the *Stegomyia* found breeding in all the holy-water fonts but Mr. Busck found in all the churches the *Stegomyia* flying about and biting the people.

In Trinidad he found that beer bottles were used as a border ornament for flower beds. The necks of the bottles were stuck into the ground and in the slightly concave bottoms (turned upward) water had accumulated and *Stegomyia* was breeding. In the broken bottles forming the chevaldefrise on the stone wall around the jail he found that water had accumulated and *Stegomyia* was breeding.

Mr. Knab, at Acapulco, found the mosquitoes especially abundant in the patio of the hotel where there were beautiful flowers protected from ants by water in shallow trenches. In this water *Stegomyia* was breeding abundantly.

Many mental notes were made by both gentlemen which bear upon the fact that *Stegomyia fasciata* has become practically a domesticated species, or at all events a domestic species. The hiding habits of the adult, its general air of familiarity with man, its habit of approaching from behind instead of from in front, its habit of concealment in garments, working into the pockets and under the coat lapels and collars, and of crawling up under the clothes to bite the legs rather than the exposed ankles, are all indications of familiarity with the human species for very many generations. It is suggested by Mr. Knab also that the loss of sound by this species may have been the result of the law of the survival of the fittest. It is interesting to note that Goeldi, of Brazil, has advanced the theory that this species bites during the warm part of the day more frequently than at any other time, because it is attracted by the odor of perspiration, and Mr. Knab, from his observations this summer, is inclined to think that *Stegomyia* does bite more frequently during the middle of the day. Mr. Busck, from his observations in the West Indies, is inclined to think that the time of most vigorous biting is late in the afternoon.

There is much still to be learned about this insect, as much as it has been studied in many different countries. Conflicting reports of its habits in different localities indicate either a considerable variation in habit or the possible publication of erroneous data. Argramonte says that in Cuba *Stegomyia* can rarely be induced to bite until four days old. Mr. Busck, who represented the Bureau of Entomology of the United States Department of Agriculture at the St. Louis Exposition, and who made the observations on the extralimital breeding of this species in the autumnal months at St. Louis, states that specimens bred in the morning would bite in the evening. Dupree states that in Louisiana the species bites without coaxing in twenty-four hours.

Another interesting point is the contention of Doctor Souchon, president of the State board of health of Louisiana, of the improbability of *Stegomyia* on infected fruit vessels coming from Central American ports to New Orleans becoming infected before arrival at quarantine stations. This is based upon the statement, probably derived from Cuban sources, that females must be impregnated before they will bite, and that five to seven days elapse before a second biting. The observations of Mr. Busck, just quoted, show that impregnation is not necessary before biting, and that reared females would bite a second time after the lapse of forty-eight hours. Doctor Dupree, of Baton Rouge, found that females isolated in the pupal state and reared apart from the males "bite frequently and promptly." Is it possible that reliance upon the apparently erroneous conclusions above stated may be responsible for the New Orleans outbreak of the present year?

The question of the distance to which infected *Stegomyia* will fly as affecting the distances at which vessels should be anchored from infected ports is another important point which deserves more extensive investigation. Surg. A. H. H. Russell, of the United States Navy, has made some interesting but as yet inconclusive observations on this point which have not yet been published. As bearing upon this point, Mr. Busck states that at L'Abrea, Trinidad, there is a long pier built by the asphalt company, near the end of which the superintendent erected his house in order to be free from mosquito molestation. The experiment was successful, and he lived in peace until later another official built, for similar purposes, his house in the middle of the pier. This apparently afforded just the right interval for the *Stegomyia* to spread from the shore to the house in the middle of the pier, and from that house to the one on the end of the pier, and both houses became infected. The entire length of the pier was about 400 feet.

These are a few of the many important points still demanding attention of the entomologists and medical men.

It is perhaps hardly necessary to add, since so much evidence has already been published in regard to the fact that *Stegomyia fasciata* is a house mosquito, that it is never found in the bush. And yet it may be of some importance to emphasize the point here, since both Mr. Busck and Mr. Knab are skilled entomologists and skilled students of mosquitoes. The nonrecognition of *Stegomyia* in the bush by any one else, therefore, should not be received with the same credence as a statement of this kind coming from these men.

REMARKS OF DR. H. L. E. JOHNSON, OF WASHINGTON, D. C., MEMBER OF THE BOARD OF TRUSTEES OF THE AMERICAN MEDICAL ASSOCIATION.

Mr. President, members of the Convention, and guests, the title of this paper is, "Will ætologic naming of diseases influence public opinion?" The principal object of sanitary and medical science and study at the present time is the prevention and limitation of disease.

Pathologic, biologic, and chemic laboratory investigation have made valuable advances in determining the cause and origin transmission, scientific recognition, modification, and arrest of many of the morbid processes affecting mankind and the lower animals.

Much good has been accomplished, more good will follow as a result of future labors, but before a universal acceptation and a successful practical application of the facts demonstrated in the laboratory is possible, it is apparent that the lay public must be instructed and convinced.

The lay public is generally skeptical about new medical facts and discoveries, and until they appreciate the value and importance of sanitary, curative, and preventative measures they will ridicule our teachings and obstruct our methods. Legislators keep pace with the lay public and press, consequently sufficient appropriations for maintaining proper health conditions are seldom made, either by a State or nation. Generally speaking, belief on the part of the public in our theories of cause and prevention of disease is essential in our crusades for health, and to this end health matters should be made a part of even a common-school education and should be supplimented by systematic lectures in terms appreciable by all. The baths gave Rome her health and vigor. The relation of fly infection as a factor in enteric fever and tuberculosis is established, also the rôle played by the mosquito in malaria and yellow fever, but the lay public and press, notwithstanding the unanimity of medical opinion on these points, has not entirely indorsed our views or given us necessary support in our efforts to overcome there preventable diseases.

Cause and effect in each class should be clearly demonstrated to the public, and those diseases which depend for their dissemination upon an intermediary host, as, for example, malaria and yellow fever, should be given a name associated with or indicating their ætiology, viz: Malarial fever should be called anopheles fever, infection or poisoning. Yellow fever, *Stegomyia* fever, infection or poisoning. Thus named, their origin would be indicated and the necessity for the extermination of the insects which cause the respective diseases forcibly suggested.

The medical profession and the public are mutually dependent for the promotion of sanitation and elimination of disease, and cooperation in these matters depends largely on a liberal education of the public, along the established health lines.

REPORT ON THE YELLOW FEVER IN CUBA, BY DR. JUAN GUITERAS.

The maintenance in Cuba of the prophylactic measures invented by Dr. C. J. Finlay and instituted by the American Government of intervention against the yellow fever has resulted in: First, the continued freedom from yellow fever throughout our territory; and, second, the conclusive demonstration that the bite of an infected mosquito is the only natural way of transmission of yellow fever.

In presenting this résumé of what has been done in Cuba during the last three years, I shall advance argument in favor of the second of these two propositions.

This has been done, because in some of our sister republics there is still some hesitancy in admitting and following up to all its logical conclusions the doctrine of the mosquito transmission of yellow fever. The people of these countries have not been educated to a complete understanding of this doctrine, and hence the continued prevalence of the disease in some of them, and its invasion of others.

I repeat what I stated at the last meeting of this conference—namely, that it is not possible to carry out successfully the prophylactic measures against yellow fever without the cooperation of the people. A community in which the announcement of the presence of a case of yellow fever produces ungovernable excitement is not going to permit its health authorities to make such an announcement or to surround the patient with the proper safeguards. Such announcement is sure to be followed by serious interruption of business, commercial restrictions, and violent quarantines. A curious vicious circle is, in fact, established, which may be concisely expressed as follows: Great excitement and disturbance follows upon the announcement of a case of yellow fever, because everybody fears—often with reason—that there must be other cases concealed; and, on the other hand, cases are concealed for fear of bringing about damaging excitement.

The feeling of security that prevails in Habana is based on the acceptance of the mosquito doctrine by the people, and the conviction that the health authorities will act promptly and openly in the presence of any suspicious case.

In Las Animas Hospital, the yellow-fever hospital of Habana, we find perpetually present and in active operation all the causes that might, according to the older views, give rise to the spontaneous origin or to the propagation of yellow fever. It is now over four years that the theorists of the old school have been in vain watching for these causes, still supposed to be lurking in the soil, to renovate their activity and again renew the horrors of the old endemic of the Caribbean Sea.

The last days of the isterode endemic in Cuba have been related in a paper read before the Sociedad de Estudios Clinicos of Habana by Dr. J. Le Roy in April of 1902, under the title of "Statistics of Yellow Fever and Disappearance of the Disease from Habana as Demonstrated by the Data of the said Statistics."

The agony of the great endemic extended over a period of seven months, namely, from the 16th of February to the 28th of September of 1901, the date of the last autoctonous case in Habana.

It is well to recall that at the time of starting the antimosquito campaign, in February of 1901, there had been since 1898 an inflow of 42,000 immigrants. There was, therefore, no lack of raw material for the infection to work upon.

We shall not repeat the details of the new method employed to combat yellow fever. The method has been accepted, at least in theory, as the only procedure for the eradication of the disease. Suffice it to say that it consists in protecting every case of yellow fever from the bite of mosquitoes and in destroying all the mosquitoes that may have bitten patients with yellow fever—that is to say, all the insects found in the vicinity of the patient. This was done with our autoctonous cases, and the vigilance of our maritime quarantine and of our immigration bureau enabled us to act in the same manner with all imported cases.

The effect of these measures may be followed in the statistics for the year 1901:

In January we had 27 cases of yellow fever.

In February we had 10 cases. The campaign was started in this month, at the time when, as was usually the case, the morbidity from yellow fever was reaching its minimum. The success obtained in Habana, as well as other theoretical considerations, lead us to believe that this is the best time to initiate the campaign in the endemic foci.

In March we had 2 cases and 1 imported.

In April we had 2 cases.

In May we had 5 cases and 1 imported, thus showing that the customary annual epidemic was beginning to assert itself.

In June we had 1 case and 1 imported.

In July we had 6 cases and 6 were imported from a neighboring town.

In August we had 7 cases and 4 were imported.

In September we had 9 cases. Two of these were taken sick on the 28th, and they were the last to originate in the city of Habana.

We present this statistical résumé because the last cases of the dying endemic have a very special interest in connection with the experimental cases inoculated at Las Animas Hospital. These were, generally speaking, the most severe that have been obtained by the application of laboratory mosquitoes, and they possess special interest as evidence of the transmission of the infection of the mosquito, because in two of them the post-mortem lesions characteristic of yellow fever were demonstrated.

Some authors, however, who have attempted to argue against the acceptance of this mode of transmission of the disease have rejected the evidence of all the experimental cases. The mild cases have been rejected because their symptoms were not sufficiently developed, and of the severe cases it has been said that they did not contract the disease through the mosquito inoculation, but through ordinary exposure to the unknown cause.

Thus Professor Zanarelli and some of our Brazilian conferees have maintained that the experimental cases at Las Animas Hospital are of no value because they occurred in a yellow-fever hospital and in a city where there was prevailing at the time an epidemic of the disease. Our conferees are mistaken. We have seen, in fact, from the statistics above quoted, that there was no epidemic at the time, but only the last manifestations of the passing of the great endemic in the shape of a few sporadic cases.

Nothing is easier than the demonstration that Las Animas Hospital was not infected at the time of these experiments. The inoculated cases in question were taken sick on the 11th, 12th, 14th, 17th, 18th, and 20th of August. Let us now look at the movement of other yellow-fever cases in the said hospital during those days and during the preceding months of 1901, as represented in the following table:

Table of cases of yellow fever treated in Las Animas Hospital during the year 1901 up to the 1st of September, classified according to their source.

Month.	Cases from Habana.	Imported cases.	Experimental cases.
January	3	2	0
February	1	1	1
March	1	1	0
April	1	0	0
May	1	1	0
June	0	0	0
July	0	0	0
August	0	1	6

It will be seen that the cases treated in hospital had gradually fallen off, and ceased altogether during June and July, which is the very period in which an infected building ought to have begun to produce its crop of amarillic infections. And it can not be said that this immunity was due to the absence of susceptible individuals in the hospital, because we had there, since the 22d of February, 1901, besides the ordinary run of cases of other fevers, most of whom were nonimmunes—we had, I say, a number of young immigrants, recently arrived, who had been brought from the immigration station at Triscornia for our inoculation experiments. During the month of August there were 12 of these young Spaniards in the hospital buildings. The nonimmune population of the hospital appears in the following table:

Table of nonimmunes residing in Las Animas Hospital during the month of August, 1901

Cases of typhoid fever	3
Cases of orchitis	1
Cases of uncinariasis	4
Cases of febricula	2
Total of nonimmune patients	10
Nurses and attendants	5
Young immigrants	12
Grand total of nonimmunes	27

Of this nonimmune population, consisting of 27 individuals, only 6 were attacked by the fever, and they were precisely the 6 who were experimentally bitten by mosquitoes infected on a grave case of yellow fever.

We have still to study the one case that appears in the column of imported cases for the month of August in our first table. Let us see whether this patient might have given origin to the small epidemic of six cases during August at Las Animas Hospital. He was admitted on the 6th of August from the steamer *Monterey* from Mexico. According to our knowledge of the epidemiology of yellow fever this imported case could not have produced the small epidemic in question. The patient was admitted on the 6th of August, and the epidemic began only five days later, on the 11th. The cycle of development of the yellow-fever parasite requires at least ten days in the mosquito and two in man, a total of twelve days. Let it not be said that this period of epidemiologic incubation is observed only in the experimental inoculations, since we know that some time before the conclusive demonstrations of the United States Army Commission Doctor Carter had already called attention to the fact that a period of twelve days or more must elapse between the introduction of a case of yellow fever and the development of secondary cases.

It is evident, therefore, that the infection at Las Animas Hospital was contained in the wide-mouthed jar covered with gauze in which infected mosquitoes were kept. The application of these insects to nonimmunes was discontinued, and the small epidemic at Las Animas Hospisal ceased. It became necessary a few weeks later to produce a case of yellow fever in order to show the fallacy of a certain vaccine, and a mosquito was taken out of the jar and applied to a susceptible individual, and he had yellow fever.

One more case was required later on by Doctor Carroll to carry out certain experiments with filtered serum, and another case was produced by the same procedure. The local epidemic at Las Animas Hospital was, therefore, made or unmade by opening or closing the jar containing infected mosquitoes.

Since that time we have had only imported cases at Las Animas, to wit:

September to December, 1901	2
In 1902	7
In 1903	10
In 1904	2
January, 1905	3
Total	24

There can be no doubt that the system of prophylaxis employed in the above-mentioned hospital has been successful, because during the time that these 24 cases have been treated there we have had in the wards numerous other patients suffering from other diseases, and who were mostly nonimmunes, and yet, without any other isolation than the separation by wire screens, the disease has never spread.

According to the old theories that hospital should be a pestilent focus of amarillic infection. No disinfection in the ordinary sense of the word is ever done there against yellow fever, and quite frequently nonimmune relatives remain in the same room with yellow-fever patients throughout the attack. The wards and patients are frequently visited by American and European physicians who are nonimmunes. A number of conferees, members of the American Public Health Association, during the meeting in Habana last January, visited the three cases we then had in the hospital, imported from Colon. In the laboratory connected with that institution the blood and the excreta—never disinfected—from cases of yellow fever are examined. The assistant who manipulates these things and who goes to the bedside to get them is a nonimmune. The autopsies are made in the same laboratory building with the help of the same attendant. The last two necropsies were done in the presence of seven members of the Public Health Association, who were nonimmunes.

In that same laboratory I still use upon the wide-mouthed jars for breeding mosquitoes the same gauze sleeves that were employed during the epidemic of 1900 over the mouths of the jars containing infected mosquitoes. Through these sleeves the sweaty hands and arms of many a case of yellow fever have passed. I have never had them washed, but keep them in their dirty condition as perfect specimens of fomites.

May we not then assert, without fear of contradiction, that every opportunity, other than the infected mosquito, is there furnished, in the old home of yellow fever, for the propagation of the disease?

I need not repeat here the details of the preventive system established in Habana. They will be found in the transactions of our last conference.

As far as possible the same system of defenses has been established in the other ports of the Republic, and wherever there has been any threatening break in the defenses, all the resources of the superior board of health and of our maritime quarantine are concentrated upon the weak point.

An instance of this was seen recently in Santiago, where, for the first time since 1901, the yellow fever succeeded in penetrating our defenses and producing two cases of the disease.

The first case was that of S. A. Fuller, a native of the United States, who was taken sick on October 18 of last year at Punta de Sal, in Santiago Bay. Mr. Fuller had been on the island twenty-four days when he was taken sick. We were therefore forced to the conclusion that he had been infected either at Santiago or at Punta de Sal, the only places that he had visited during the five days preceding his attack.

I was ordered by my Government to investigate this very grave case, and I came to the conclusion that the focus of infection must have been at Punta de Sal, because the visits of Mr. Fuller to Santiago were too near or too far from the date of his illness to come within the limits of the period of incubation of yellow fever. Fortunately I found that the situation of Punta de Sal was very favorable for the isolation of the sick and the observation of all those who might have been exposed to the infection. The place lies about 3 miles distant from Santiago by water. It was therefore easy to detain there the nonimmune population and to keep it from starting elsewhere new foci of infection. The individuals thus detained could be defended against further infection by the rapid destruction of all the mosquitoes in the men's quarters. All the buildings were fumigated at once, and we succeeded in limiting the propagation of the disease to one secondary case. The patient himself was removed to the isolation hospital on one of the islands in the bay and was screened as soon as the diagnosis was made. In the hospital the patient was surrounded by nonimmunes.

We do not know how the infection was introduced. Of course there can be but one of two possibilities, namely, either a case of yellow fever had been introduced undiagnosed into Punta de Sal, or an infected mosquito had been landed from a vessel coming from an infected port. In the first instance we must suppose an extremely mild case that escaped observation. The objection to this theory is that such a patient, not being recognized, must have been treated without any precautions and should therefore have infected a

considerable number of mosquitoes. The result of this should have been the simultaneous appearance of several cases at the same time with Fuller. I am therefore inclined to accept the second theory—that is, the importation of one infected mosquito from a ship; if not one, certainly not many, for they all perished without producing more than one case, that of Fuller.[a]

The diagnosis was made on the third day of the attack. It became necessary, therefore, to destroy the insects that had bitten Mr. Fuller during these three days that constitute the period of danger. Fortunately we had still eight or nine days in which to carry this out before the infected insects could begin to transmit their infection. This time was put to such good advantage that only one secondary case occurred, that of Mr. Salter, who was taken on the 1st of November. With this the little outbreak became extinguished. When Fuller and Slater were discharged from the isolation hospital at Key Duan, all mosquitoes were destroyed in that building.

There was still one other serious threat of invasion of yellow fever, in which instance, as in the one just related, the successful measures instituted bore evidence to the truth of the principles upon which our system of defense is founded. In July, 1903, a passenger on the steamer *Vigilancia*, from Mexico, succeeded by means of a false certificate of immunity in breaking through our quarantine inspection at Habana. This man took lodging at No. 29 Inquisidor street, where he passed the first forty-eight hours of his attack in a house where there were a large number of nonimmune boarders. He asked them to be sent to a hospital, and on admission to the Mercedes Hospital the nature of the complaint was at once recognized and the patient was immediately transferred to Las Animas.

The prophylactic measures in this case consisted in the destruction by the burning of pyrethrum powder of all the mosquitoes in the block around the house on Inquisidor street and in the Mercedes Hospital. A list was made of all nonimmunes residing at the time in these localities. The temperature of all these were taken twice daily to detect the first appearance of a secondary manifestation. Thanks to the prompt action taken, there was no spread of the disease.

In concluding, gentlemen of the conference, I wish to ask you once more to contemplate for a moment the picture represented in the earlier part of this paper; the passing of a great epidemic disease. What a source of satisfaction to have witnessed the last hours of the dread malady; to have seen the wonderful result of the work of Reed, Lazear, Carroll, and Agramonte. This is the first time in the history of medicine that such things have been witnessed as are now passing before us—within a short decade the agony and the extinction forever of a widespread and deeply rooted plague.

If our satisfaction on contemplating these performances be great, how much greater must be that of the man who, by a mental effort that stands unexcelled in the history of human thought, made all these things and this great benefaction possible.

SUGGESTIONS BY DR. A. H. DOTY, HEALTH OFFICER OF THE PORT OF NEW YORK.

[Letter of transmittal.]

"STATE OF NEW YORK,
"HEALTH OFFICER'S DEPARTMENT,
"*Quarantine, L. I., Oct. 9, 1905.*

"DEAR DOCTOR WYMAN: At present I am unable to say just when I can reach Washington, for which I am very sorry. Vessels are coming here daily from yellow fever and cholera infected districts, and for various reasons I desire to be present when they arrive. However, I may be able to reach Washington before the convention is over. In the meantime I inclose some suggestions relative to quarantine inspection, etc., which I should like to have you present to the convention for me if you find it consistent to do so. I have made the paper as brief as possible and hope that it will meet with your approval.

"Truly yours,

(Signed) "A. H. DOTY."

(1) That methods of inspection commonly employed at quarantine stations throughout the world are inadequate to detect the presence of mild, ambulant, or unrecognized cases of infectious disease, which so far as the public health is concerned constitute one of the most dangerous factors with which we have to deal.

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[a] I have since seen evidence of the existence of one single infected mosquito on board a vessel. The crew of this vessel were taken sick one after the other with intervals of three or four days, which is the time that the mosquito requires to digest its meal of blood and make ready for the next one. More than one mosquito should produce simultaneous cases or at closer intervals.

(2) That too much dependence is placed upon the expiration of the period of incubation of yellow fever in considering the release of persons arriving at quarantine from districts infected with this disease.

(3) That a want of the proper appreciation of the necessity for detecting mild or ambulant cases and the frequency with which they are responsible for outbreaks of disease, the origin of which is unknown, have contributed largely to the support of the theory that cargoes of vessels frequently transmit infection, which is not true.

(4) That the dissemination of yellow fever and bubonic plague as well as other infectious diseases is not uncommonly due to the practice on the part of some public health officials of concealing and not reporting the first or early cases which are brought under their observation. This policy is not only frequently responsible for unnecessary loss of life, but is not in accord with modern sanitation, which requires that the public shall be promptly notified of outbreaks of infectious disease, particularly the more formidable types. In this way public confidence and cooperation are secured, which is of great aid in controlling the said outbreaks.

I present the above as the result of my experience as a public health official, and I believe, as I have already stated, that the methods of quarantine inspection now commonly employed are not as a rule thorough enough to detect the presence of mild, ambulant, or unrecognized cases—a most important consideration. The fact that a vessel reaches a quarantine station after having been five days in transit from a yellow-fever-infected port, and that those on board are able to appear before the medical inspector and state that they are well and present an appearance which tends to corroborate this, is by no means conclusive evidence that some one of the number is not suffering from the disease. This may also apply to the examination of those arriving from bubonic-plague-infected ports. While I am willing to believe that five days is in the great majority of cases the maximum period of incubation in yellow fever, I am satisfied that in many cases the disease may pass unrecognized during the stage of invasion, or even later, or throughout the disease if it be a mild case. Furthermore, if a person does not present evidence of the disease until after the sixth or seventh day from the time of his departure from a yellow-fever-infected port, it does not by any means indicate that he has been infected by mosquitoes on shipboard, inasmuch as he may have been suffering from the disease for two or three days before it was recognized. Unfortunately many mild or ambulant cases of bubonic plague are admitted into port; this is largely due to the fact that only severe and typical cases are as a rule watched for, and the mild ones escape detection. Over two-thirds of the bubonic-plague cases which have reached the New York quarantine station have been of the mild type and would have passed the ordinary visual examination. They were detected only after an examination of the superficial glands of the body was made and the temperature taken of those under observation.

Of the six cases of yellow fever which have reached this station on incoming vessels during the present year, three of them were able to present themselves for inspection on their arrival and would have passed a visual examination. Their condition was detected mainly by the use of the thermometer. Furthermore the vessels upon which these cases arrived had been six days in transit. I may add that after the removal to the hospital of the persons to whom I have just referred they frankly admitted that they had a chill or had been sick two or three days before arrival. There is no doubt that failure to detect mild or unrecognized cases is responsible for many outbreaks of infectious disease the origin of which is attributed to other sources. Mild cases of bubonic plague which have passed quarantine unrecognized may transmit infection at some seaport. These have contributed largely to the theory that rats are usually responsible for outbreaks of this disease. While there is no doubt that this variety of vermin does transmit bubonic plague, I believe that the frequency with which this occurs is overestimated and that sooner or later we will find it to be so. Furthermore, sufficient attention is not given to the appearance of irregular cases on shipboard, particularly in vessels coming from infected ports. It is stated on excellent authority that the first case of cholera which recently appeared at Hamburg was admitted to the hospital as a case of pneumonia and that the true character of the disease was not ascertained until some time afterwards. Complications may also occur which will mislead or mask the presence of infectious disease. Such cases have repeatedly come under my observation.

I believe that the thermometer if carefully and scientifically used is one of the most valuable means of detecting the presence of mild or otherwise unrecognized cases of disease.

It would seem to me that it is very important for the convention to take such action as will tend to bring about on the part of the different nations an agreement to promptly report outbreaks of infectious disease. This would constitute one of the most effective means of preventing the transmission of infectious disease and would substantially aid in the preservation of the public health.

REMARKS OF PRESIDENT ROOSEVELT TO THE MEMBERS OF THE SECOND INTERNATIONAL SANITARY CONVENTION (AT THE EXECUTIVE OFFICE), WASHINGTON, D. C., OCTOBER 12, 1905.

Dr. WYMAN, AND GENTLEMEN AND LADIES OF THE CONVENTION: I should like to greet you and say with what peculiar pleasure I welcome you, because both of the profession you represent, and of the fact that you come from our sister Republics of America.

I believe that we on this hemisphere are going to show to all the world, are going to teach all the world by an object lesson that separate States, separate nations, can dwell together in absolute harmony, and can unite in a common effort, as you are uniting here, for the betterment of the conditions affecting them all.

The outside world is only beginning to understand the astonishing progress made, not only socially and industrially, but in science, literature, and art, by the Central and South American Republics. In medical matters, in industrial, scientific, social, artistic matters, each of our countries has something to learn from the others, and I welcome you as colleagues and as teachers.

Of course, I could not overstate the all-importance of the medical profession in modern life, and as it is now becoming, in modern international life. In the old days a plague that happened in one country was regarded as only concerning that country, until it spread over into some other helpless to defend itself against it. Now we recognize that the stamping out of disease, the warfare against unhygienic conditions, must be done by the organized effort of the medical profession of all the countries joined together.

FUNCIONARIOS DE LA CONVENCIÓN.

Presidente.

Cirujano-General WYMAN, Servicio de Sanidad y Hospitales Marítimos de los Estados Unidos de América.

Vice-presidentes.

Señor Doctor Don EDUARDO MOORE, Chile.
Señor Doctor Don JUAN J. ULLOA, Costa Rica,
Señor Doctor Don JUAN GUITERAS, Cuba.
Señor Don EMILIO JOUBERT, República Dominicana.
Señor Don SERAFÍN S. WHITHER, Ecuador.
Señor Doctor Don JOAQUÍN YELA, Guatemala.
Señor Doctor Don EDUARDO LICÉAGA, Méjico.
Señor Doctor J. L. MEDINA, Nicaragua.
Señor Doctor Don DANIEL E. LAVORERÍA, Perú.
Dr. H. L. E. JOHNSON, Estados Unidos.
Señor Don NICOLÁS VELOZ-GOITICOA, Venezuela.

Secretario Permanente.

Señor Doctor Don JUAN J. ULLOA, Costa Rica.

Junta Consultora.

Señor Doctor Don EDUARDO MOORE, Chile, Presidente.
Señor Doctor Don EDUARDO LICÉAGA, Méjico.
Dr. H. D. GEDDINGS, Estados Unidos.
Dr. WALTER D. MCCAW, Comandante, Estados Unidos.
Señor Doctor Don JUAN GUITERAS, Cuba.
Dr. J. D. GATEWOOD, Cirujano de la Armada de los Estados Unidos.

CONVOCATORIA PARA LA SEGUNDA CONVENCIÓN SANITARIA INTERNACIONAL DE LAS REPÚBLICAS AMERICANAS.

Procediendo de conformidad con lo acordado en la Segunda Conferencia Panamericana que se celebró en la Ciudad de Méjico en el invierno de 1901 á 1902, se fijó la fecha del 9 de octubre del corriente año de 1905 para que tenga lugar en esta ciudad de Wáshington la reunión de la Segunda Convención Sanitaria Internacional de las mencionadas Repúblicas.

Precedieron á este aviso las comunicaciones oficiales que se copian á continuación.

DEPARTAMENTO DEL TESORO,
Wáshington, abril 29 de 1905.

MUY SEÑOR MÍO: Tengo el honor de incluir una copia de la convocatoria para la Segunda Convención General Sanitaria Internacional de las Repúblicas Americanas, cuya celebración en Wáshington en 9 de octubre de 1905, empezando á las 11 de la mañana, se ordenó por la Oficina Sanitaria Internacional.

Esta convocatoria está expedida de acuerdo con las resoluciones adoptadas por la Segunda Conferencia Internacional Panamericana, tenida en la capital de Méjico del 22 de octubre de 1901 al 22 de enero de 1902, en lo relativo á la policía sanitaria internacional, y á las convenciones sanitarias.

De acuerdo con el párrafo 7 de las referidas resoluciones tengo que suplicar á Vd. se sirva dictar las medidas necesarias para que se dé publicidad á la referida convocatoria.

De Vd. respetuosamente,

WALTER WYMAN,
Cirujano Mayor, Presidente de la Oficina Sanitaria Internacional.

Señor W. C. FOX,
Director de la Oficina de las Repúblicas Americanas, Wáshington, D. C.

DEPARTAMENTO DEL TESORO,
Wáshington, abril 29 de 1905.

SEGUNDA CONVENCIÓN GENERAL SANITARIA INTERNACIONAL DE LAS REPÚBLICAS AMERICANAS.

Por orden de la Oficina Sanitaria Internacional se convoca la Segunda Convención General Sanitaria Internacional de las Repúblicas Americanas, para que se reuna en esta ciudad de Wáshington, en el hotel llamado *New Willard*, á las 11 de la mañana, el 9 de octubre del corriente año de 1905. El programa de la reunión será publicado dentro de poco, y de las alteraciones que en él se hagan se dará cuenta oportunamente en el Boletín Mensual de las Repúblicas Americanas.

Respetuosamente,

WALTER WYMAN,
Presidente de la Oficina Sanitaria Internacional.

Al recibo de la anterior comunicación y documento anexo, el Director de la Oficina Internacional de las Repúblicas Americanas dirigió á los señores representantes de los países que componen la Unión Internacional de las mismas Repúblicas el despacho que sigue:

MAYO 1 DE 1905.

MUY SEÑOR MÍO: Tengo el honor de transmitir con ésta una copia de la comunicación que me ha dirigido el Señor Walter Wyman, Médico Mayor y Presidente de la Oficina Sanitaria Internacional, incluyendo una convocatoria para la Segunda Convención General Sanitaria Internacional de las Repúblicas Americanas, con el fin de que se reuna en ésta ciudad de Wáshington el 9 de octubre de 1905, á las 11 de la mañana, la referida asamblea.

Soy de Vd. atento servidor,

WILLIAMS C. FOX, *Director.*

SEGUNDA CONVENCIÓN SANITARA INTERNACIONAL DE LAS REPÚBLICAS AMERICANAS.

WÁSHINGTON, D. C., *october 9, 1905.*

PROGRAMA CIENTÍFICO.

(Sujeto á los cambios que sugiera la Oficina Sanitaria Internacional.)

1. Informes de los delegados de cada República. Estos informes deben contener: (*a*) Datos sobre la prevalencia de las enfermedades, especialmente la plaga, la fiebre amarilla y la malaria, á partir del 1° de enero de 1904, que fué aproximadamente la fecha de clausura de la última convención; (*b*) un sumario de las leyes sanitarias y de cuarentena que se hayan dictado después de la primera convención; (*c*) todo trabajo sanitario especial que sé esté ejecutando, ó que se trate de llevar á cabo. Estos informes se darán en nombre de cada República, y podrán comprender la totalidad de los asuntos indicados, ó dividirse en partes de que cada una se haya encargado á un delegado especial. Se suplica que se presente un informe escrito, á fin de publicarlo.

2. Plaga: (*a*) Diagnósis; (*b*) Profilaxia y terapéutica; (*c*) Cuarentena marítima; (*d*) Cuarentena terrestre; (*e*) Medidas locales para hacer desaparecer la enfermedad.

3. El mosquito en sus relaciones con la fiebre amarilla y las debidas á la malaria. Impedir la propagación de dichas fiebres por la destrucción y eliminación del mosquito.

4. Discusiones sobre la mejora del estado sanitario de las ciudades con referencia especial á la ventilación de las habitaciones y á la disposición de los residuos y desechos domésticos.

SEGUNDA CONFERENCIA SANITARIA INTERNACIONAL DE LAS REPÚBLICAS AMERICANAS.

PRIMER DÍA—LUNES, 9 DE OCTUBRE.

El Cirujano General Wyman, presidente, declaró constituida la conferencia á las 11.15 a. m.

ALOCUCIÓN INAUGURAL DEL DOCTOR WALTER WYMAN, CIRUJANO GENERAL DEL SERVICIO DE SANIDAD PÚBLICA Y HOSPITALES MARÍTIMOS.

Señores: Tengo el honor de declarar constituida la Segunda Conferencia Sanitaria Internacional de las Repúblicas Americanas, convocada de acuerdo con las resoluciones adoptadas por la Segunda Conferencia Internacional de los Estados Americanos, en la Ciudad de México, en 29 enero de 1902.

En diciembre próximo hará tres años que la Primera Conferencia se celebró en esta capital, estando representadas once repúblicas por veintisiete delegados. Según tengo entendido, doce son las repúblicas representadas en esta Conferencia. Ustedes recordarán que se decidió celebrar la Segunda Conferencia el 15 de marzo en Santiago de Chile, de conformidad con la cordial invitación presentada por los distinguidos delegados de Chile. Á medida que se aproximaba la fecha resultó evidente que á causa de una fuerte epidemia de fiebre amarilla que prevalecía en ciertas partes de los Estados Unidos y México, y de la necesidad de adoptarse medidas preventivas para el año entrante, sería muy difícil para los delegados de estas dos repúblicas ausentarse de ellas; por lo cual, la Oficina Sanitaria Internacional, con la cortés conformidad de las autoridades chilenas, acordó el aplazamiento y, finalmente, fijó esta fecha y esta ciudad para la presente Conferencia.

Los buenos resultados de la primera se han puesto de manifiesto en varias maneras, y las resoluciones que fueron adoptadas han sido, ciertamente, de valor para las autoridades sanitarias de los Estados Unidos, y, á mi juicio, para las de las otras repúblicas. Voy á hacer un repaso de estas resoluciones, que son siete, dando sus títulos, pero sin dar lectura á su texto.

Primera, la Convención se ha de regir por las resoluciones de la conferencia de México;

Segunda, resoluciones relativas al tiempo de detención y desinfección en cuarentena;

Tercera, resoluciones relativas á la fiebre amarilla, mosquitos y cuarentenas;

Cuarta, resolución relativa á la distribución geográfica del mosquito de la fiebre amarilla;

Quinta, resolución declarando la relación entre animales inferiores, basura y enfermedades;

Sexta, resolución relativa á la fiebre tifoidea y el cólera, que declara la necesidad de desinfectar las defecaciones;

Séptima, resoluciones relativas á la Oficina Sanitaria Internacional, sus funciones, y á la recaudación de un fondo para su uso.

No dudo que los buenos resultados de la Primera Conferencia, y el efecto provechoso de las resoluciones que acabo de enumerar, serán objeto de los informes y comentarios de los delegados en esta Segunda Convención. Citaré aquí un ejemplo á guisa de explicación: Después de la epidemia de fiebre amarilla que hubo en México y Texas en 1903 se temió mucho que se reprodujera en ambos países en el verano y el otoño de 1904, haciéndose evidente la necesidad de que se adoptaran en ambos países medidas preventivas similares en caracter y perfección. Por medio de la Conferencia Sanitaria Internacional el camino estaba expedito para obtener la acción combinada de las autoridades más altas de ambas naciones. Habiéndose preparado un plan de operaciones en la Oficina del Servicio de Sanidad Pública y Hospitales Marítimos, extenso en la forma y conciso en los detalles, aprobado por el Presidente en lo tocante á los gastos del fondo votado, por el Secretario del Tesoro en lo relativo á la aplicación del fondo y al objeto del trabajo que se había de emprender, y por el Secretario de Estado en lo que se refería á las relaciones con una república vecina, tuve el honor de hacer una visita en enero de 1904 á nuestro distinguido colega el Doctor Licéaga, presidente de la Junta Superior de Sanidad de México. Tuve la satisfacción de ver que el mismo plan, prácticamente, tanto en el fondo como en la forma, había sido ya proclamado por las autoridades mexicanas, y no hubo dificultad en convenir sobre una acción mancomunada y combinada. El Presidente Díaz manifestó su interés y aprobación. Como resultado no hubo virtualmente fiebre amarilla en ninguna de las dos repúblicas durante la estación siguiente. Los delegados de ambos países harán, indudablemente, una descripción de los métodos empleados.

Este es solamente uno de los muchos casos que pudieran citarse para demostrar lo efectivo que puede ser el trabajo de saneamiento cuando es llevado á cabo mediante la amistosa cooperación entre dos naciones, cada una guiada por sentimientos amistosos y el deseo de protejer á la otra tanto como á sí misma.

El plan del saneamiento mediante acuerdos internacionales es una de las pruebas de que todas las naciones están en la actualidad en las relaciones más íntimas que se han registrado en los anales de la historia del mundo. Un moderno escritor dijo:

> No sólo los estrechos se han abolido de hecho, sino que también atraviesan el ancho Océano buques de pasaje en cinco días, y pensamientos, trasformados en palabras, en pocos segundos.

En donde se ha demostrado esto más palpablemente es en la guerra contra las enfermedades infecciosas. No hace sino pocos años que las violentas epidemias de fiebre amarilla pasaban desapercibidas en Cuba, mientras que ahora uno ó dos casos que tuvieren lugar en cualquiera parte del litoral de nuestro Hemisferio Occidental serían notificados inmediatamente á los Estados Unidos y á otros países. Unos cuantos casos de peste bubónica en el Oriente, que hace pocos años no hubieran recibido atención alguna, son notificados y publicados instantaneamente, y un caso de cólera ocurrido á bordo de un buque en

el Mediterráneo queda notificado por telégrafo á las principales ciudades del mundo. Son frecuentes los congresos, conferencias y convenciones internacionales, los cuales unen á las naciones, cual una sola familia, en la lucha contra el enemigo común de la humanidad.

En la actualidad se habla con frecuencia de congresos internacionales sobre la paz y tratados de arbitraje. ¿Es mucho esperar, como un corolario, ó como un movimiento paralelo, que se consiga finalmente la cooperación de todas las naciones para el exterminio de las enfermedades contagiosas? Bien puede considerarse el saneamiento internacional como parte inherente de la evolución para la paz universal. Pudiera ser realizado más fácilmente que el arbitraje absoluto, ó podría ser un factor importante en el establecimiento de éste. Cierto ex-presidente de la República Francesa, en la apertura de la Conferencia Higiénica celebrada en París en 1894, expresó los siguientes sentimientos:

> Los principios internacionales que tuvieron su origen en el laboratorio y que tienen su base en la ciencia son los únicos que unen á las naciones con fuertes lazos, y que establecen leyes equitativas é inmutables.

Bien podrían tomar en consideración este principio aquellos que persiguen la consecución de la paz universal; del mismo modo, la responsabilidad internacional con respecto á enfermedades se merece la atención de los que se interesan por el desarrollo del derecho internacional. Creo que las obras que tratan del derecho internacional no hacen mención de las responsabilidades de un gobierno con respecto á otro en lo tocante á la salud pública, pero ya es tiempo de que se añada un capítulo sobre este asunto.

Dice un moderno escritor:

> Parece que empieza á desarrollarse en las naciones una conciencia y un espíritu de justicia con respecto á los derechos de otras naciones. En conjunto, el movimiento hacia la paz es otro paso hacia el logro de la perfección ideal de gobierno.

El pensamiento del autor de esta cita no podría explicarse de mejor modo que con los incidentes relacionados con el tratado de paz recientemente firmado en Portsmouth.

Con este sentimiento creciente de armonía y fraternidad entre las naciones, debería desarrollarse un sentimiento internacional hacia el saneamiento y la supresión de enfermedadas. Si, como Tolstoi dice, el único sustituto de la guerra es la religión, el saneamiento internacional debería ser un arma poderosa en manos de la religión, si, en verdad, no pudiera hacerse en sí un sustituto de la guerra. Indudablemente proporcionaría un campo en donde las naciones podrían encontrarse, y un objeto de más valor que la guerra para el gasto de energía y dinero.

Ya he manifestado antes algunos de estos pensamientos, pero los he considerado particularmente adecuados para la presente ocasión. Sólo me resta expresar la esperanza de que esta Segunda Convención será fructífera en beneficios, que nos acercará más íntimamente y que nos hará sentir que los intereses de un país son en realidad los de los otros, más especialmente en los asuntos relativos á la salud pública.

El Presidente (continuando). Señores, hállase entre nosotros el distinguido Secretario de Estado, al cual tengo el placer de presentar para que les dirija unas cuantas palabras de bienvenida. Tengo el honor de presentarles al Honorable Elihu Root.

DISCURSO DE BIENVENIDA DEL HONORABLE SECRETARIO DE ESTADO ELIHU ROOT.

Señor Presidente, Señores: Es para mí un honor y un placer darles la bienvenida á Wáshington en nombre del Gobierno de los Estados Unidos, y manifestarles la expresión de los buenos deseos de nuestro Gobierno para el éxito de vuestras deliberaciones.

Es objeto de sincera satisfacción por parte del pueblo de los Estados Unidos el que el suelo de nuestra patria sea considerado como un lugar propicio para las obras de paz, justicia y humanidad; el que la atmósfera que aquí se respira se considere beneficiosa á los sentimientos benignos de los habitantes de la tierra. Antes que á la destrucción de vidas, contribuiríamos á la salvación de ellas. No opino que tengamos razón para creer que la inteligencia individual del hombre sea más poderosa ahora que dos mil años atrás; pero sí existen razones para creer que el desarrollo de organización entre los hombres proporciona actualmente á la inteligencia individual humana una plataforma en la cual puede sostenerse y desde la cual puede partir hacia la consecución de resultados que eran imposibles á los hombres de las edades pasadas aún cuando sus inteligencias hayan sido poderosas. Y también hay motivos para creer que la inteligencia humana es capaz de mucho más grandes prendas bajo las influencias magnéticas de asociación con otras inteligencias vivas para los mismos intereses y que persiguen un mismo fin. Es mi sincero deseo que Vds. fomenten la gran obra de elevar el nivel desde el cual vosotros, vuestros semejantes y vuestros sucesores puedan tomar nuevas orientaciones para la consumación de grandes actos en pro de la humanidad; que sintáis y comuniquéis esa influencia magnética que tiende á estimular la actividad eficaz de la inteligencia humana.

Á mi juicio casi todas las guerras, controversias y rencores entre las naciones han resultado de la falta de buena inteligencia, del malogro de los habitantes de una nación de entender y apreciar verdaderamente á los de otra nación, y creo que el verdadero remedio é impedimento contra controversias nacionales es el conocimiento, las buenas relaciones personales y la amistad entre los individuos de dos países; nada mejor, ciertamente, puede contribuir á las buenas relaciones que deben existir entre todos los pueblos del Hemisferio Occidental que el hacer que se conozcan y entiendan unos á otros todos los hombres que representan, como Vds., esa humanidad que está por encima de todos los intereses y divisiones nacionales.

Tenéis nuestros mejores deseos y les damos nuestras gracias por habernos honrado con vuestra presencia en el interés de esa humanidad común por la cual nos unimos todos en nuestros más sinceros deseos y en nuestras más fervientes oraciones. [Aplausos.]

El Presidente. Como es bien sabido, el Servicio de Sanidad Pública y Hospitales Marítimos es una oficina que está bajo el Departamento del Tesoro, y entre nosotros se halla esta mañana el Secretario Interino del Tesoro, á quien tengo el honor de presentarles, el Honorable Horace A. Taylor. [Aplausos.]

DISCURSO DEL HONORABLE HORACE A. TAYLOR, SECRETARIO AUXILIAR DEL TESORO.

SEÑOR PRESIDENTE, SEÑORES: Como jefe interino del Departamento del Tesoro, del cual, como ya les ha dicho el Cirujano General, el Servicio de Sanidad Pública y Hospitales Marítimos es una de las principales oficinas, me uno al Secretario de Estado, quien representa al Gobierno en general, para darles una cordial bienvenida á Wáshington.

Constantemente vienen á esta capital, como muchos de Vds. saben, gran número de distinguidos transeúntes, ya por negocios ó bien por vía de recreo, y desde hace algunos años esta ciudad ha llegado á ser un centro popular en donde muchas asociaciones, dedicadas á las diversas actividades de la vida, celebran sus reuniones, y para nosotros es siempre un placer verles aquí, bien sean ciudadanos de nuestro propio país, ó bien de otros, como ocurre en este caso.

Espero, señores, que la Conferencia que vais á celebrar dé tan buenos resultados como los producidos por las precedentes. Vuestra Convención no es tan grande como muchas de las que se celebran aquí, pero ninguna persigue fines tan elevados como los que Vds. aspiran alcanzar. Los métodos que vais á discutir, las cuestiones que se presentarán para vuestro estudio, son aquéllos que afectan los más altos intereses de la comunidad. Nada como la salud es tan caro para todo hombre, mujer, ó niño de cualquier país, y Vds. se hallan aquí á causa del resultado del progreso alcanzado por la ciencia médica durante los últimos años. No se hallan Vds. aquí para considerar cuestiones sobre enfermedades, sino para tomar medidas preventivas contra ellas, y, ciertamente, sabemos todos que, según reza el antiguo adagio, una onza de precaución equivale á una libra de remedio. Así pues me alegro de saber que el mundo médico y que los hombres eminentes de la profesión, como los caballeros aquí presentes son, dirigen su atención, no tanto á la curación de las personas una vez enfermas, como á impedir que se enfermen.

Como el Secretario Root dijo, grandes son los resultados que emanan de la organización. La organización y la asociación y la discusión y el debate son los agentes más eficaces del mundo. La paralización es siempre el enemigo del progreso, así como en el mundo natural es una amenaza á la existencia sana. En la naturaleza y en la sociedad, en el gobierno y en el comercio, en las ciencias, profesiones y demas actividades de la vida, es la discusión la que aporta reformas y seguridad. Dicen, Señor Presidente, que solamente hay un mar en el mundo cuyas olas nunca se rompen en las playas; es el Mar Muerto. Sus aguas están siempre tranquilas, y allí encontraréis paralización é infección. Á la tempestad, á los truenos y relámpagos, y al vendaval suceden el aire puro, la luz del sol y el canto de los pájaros.

Deseo expresarles mi agradecimiento por la selección de uno de los preeminentes funcionarios del Departamento de Tesoro, el Cirujano General Wyman, para el alto y honroso cargo de Presidente de esta Asociación. Bien se merece la distinción, porque los que le conocen oficial y personalmente saben que siempre está alerta para cualquier movimiento que tenga por objeto el acrecentamiento de la salud pública [aplausos], y, como Vds. saben, cuando una parte de nuestra nación fué azotada por una epidemia de fiebre amarilla, sus esfuerzos para suprimirla fueron coronados con notable éxito.

Nos alegramos de verles entre nosotros y esperamos que lo pasarán divertidamente. Les aseguro que nuestros ciudadanos les acojerán con la más cordial hospitalidad y los mejores deseos, y todos se unirán á mí al expresar la esperanza de que vuestras deliberaciones tendrán como resultado la adopción de métodos y el establecimiento de principios que cuando se pongan en vigor sean de grande provecho para la salud pública de las naciones y comunidades que Vds. representan. [Aplausos.]

El PRESIDENTE. El Secretario de Estado y el Secretario Interino del Tesoro han creído, parece ser, que podrían marcharse una vez pronunciados sus discursos. Deseo manisfestar, en beneficio del siguiente orador, que desearíamos mucho que se quede, y tengo la seguridad que Vds. estarán conformes conmigo cuando sepan quién és. Tenemos entre nosotros á uno de los miembros de la Junta Directiva de la Oficina de las Repúblicas Americanas, el cual, en nombre de tan eficaz y útil entidad, nos dirigirá la palabra. Me refiero al Honorable Gonzalo de Quesada, ministro de Cuba en los Estados Unidos, y tengo el sumo placer de presentarle á Vds.

DISCURSO DEL MINISTRO QUESADA, DE CUBA.

Señor Presidente, Señores y caballeros de la Segunda Convención Sanitaria Panamericana: Doy mis más sinceras gracias á vuestro Presidente por la oportunidad que me ha dado para dirigir unas cuantas palabras á los delegados del Segundo Congreso Panamericano, en nombre de la Junta de Gobierno de la Oficina de las Repúblicas Americanas. De este mismo privilegio gocé hace dos años cuando Vds. se reunieron por la primera vez, y las profecías entonces hechas con respecto al resultado de los trabajos que Vds. iniciaron se han visto cumplidas en gratas realidades. Han unido Vds. á las naciones que representan, en el más laudable y sincero espíritu de respeto y confianza mútuos, mediante el mejor conocimiento de sus condiciones sanitarias é inteligencia entre sus respectivas juntas de sanidad, y por la tolerancia y simpatía en el esfuerzo común.

En el pasado quizás habría habido desconfianza en los métodos adoptados por las distintas naciones, ó un amor propio que no era conducente para las altas miras de los hombres de ciencia; hoy en día existe colaboración y amistad entre los distinguidos médicos en cuyas manos se halla encomendado el cuidado de las vidas é intereses de estas comunidades libres.

Si este fuera el único resultado de la feliz idea de estas conferencias, por sí sólo constituiría una gloria para los que las propusieron y para los que han puesto sus inspiraciones en práctica fecunda.

Pero se ha conseguido más; el canje de las diferencias leales de opinión, su discusión minuciosa y la subsiguiente publicación que se dá á vuestros documentos y trabajos, han contribuido indudablemente á la propagación de medidas científicas sanitarias y á la verdadera adopción de los métodos profilácticos y preventivos que Vds. han recomendado.

En este respecto tenemos motivos para alabaros calurosamente. La sabia dirección de algunos de los miembros presentes en esta Conferencia ha originado cambios dignos del más cordial encomio, y tengo la seguridad que seré eco de los sentimientos de todos los presentes, con el mismo entusiasmo que demostrásteis antes por mí

país natal, cuando felicite á los representantes de Méjico que han adelantado tanto, desde nuestra última reunión, en el exterminio de la fiebre amarilla en esa progresiva y amada República, nuestra hermana. [Aplausos.]

Y las teorías que Vds. sustentan no sólo han sido probadas allí y en otros sitios, sino también, durante los últimos meses, en algunos puntos de los Estados del Sur de esta Unión, con cuyos sufrimientos nuestros corazones están de unísono. Hacemos votos por que en breve dejen de ser motivo de preocupación. Pero aún dentro de este infortunio podemos encontrar consuelo fines útiles, porque, no solamente se han probado y han resultado ser ciertas las teorías que sustentáis, y se están haciendo importantes investigaciones por científicos americanos, las cuales esperamos que contribuirán á ampliar nuestro conocimiento de la enfermedad, sino que también hemos visto la edificante presencia de médicos de otros países que han venido á compartir con Vds. las dificultades de la lucha y á ayudarles en la grandiosa obra emprendida por vuestras autoridades, de las cuales nuestro presidente es el ilustre jefe. Lo expuesto es un ejemplo del verdadero interés humano, que si fuera observado en otras fases de relaciones internacionales contribuiría á la consumación del supremo ideal de la humanidad, la fraternidad universal.

Señores, con ese espíritu y bajo el siempre vencedor estandarte de la ciencia, que no conoce fronteras, razas, nacionalidades, ni tiempo, pero que sólo tiene por adversarios la ignorancia y el error, demos comienzo á esta Segunda Conferencia Panamericana, asegurados de antemano que sólo puede tener un fin—la observancia de la verdad y el progreso del bienestar de la humanidad. [Aplausos.]

El Presidente. Ruego al Doctor Ulloa, de Costa Rica, que actúe como secretario temporal de esta Convención, así como también le suplico que lea la lista de las Repúblicas, y cada vez que se lea el nombre de una República les agradeceré que sus delegados, ó uno de ellos, se levanten, den sus nombres y sus tarjetas al secretario, con sus credenciales, las cuales se entregarán á la junta consultiva.

El Director de la Oficina de las Repúblicas Americanas me ha dicho que aquí tenemos un libro en el cual se les ruega que firmen sus nombres cuando estén desocupados.

(Este mismo ruego y aviso fué hecho en castellano por el Doctor Ulloa.)

Antes de comenzarse la lectura de la lista, me tomo el privilegio de invitar á que asista á esta reunión un distinguido representante del Japón, que se halla aquí presente y está interesado en esta obra; deseo presentarles al Doctor Suzuki, cirujano general de la marina japonesa. [Aplausos.]

El Secretario Interino leyó la lista, estando presentes los siguientes delegados:

La República de Chile: Dr. Eduardo Moore.

La República de Costa Rica: Dr. Juan J. Ulloa.

La República de Cuba: Dr. Juan Guiteras y el Dr. Enrique B. Barnet.

La República del Ecuador: Dr. Serafín S. Whither y el Dr. Miguel H. Alcivar.

La República de los Estados Unidos, Dr. Walter Wyman, Dr. H. D. Geddings, Dr. J. F. Kennedy, Dr. John S. Fulton, Dr. Walter D. McCaw, Dr. J. D. Gatewood, Dr. H. L. E. Johnson.

La República de Guatemala: Dr. Joaquín Yela.
La República de Méjico: Dr. Eduardo Licéaga.
La República de Nicaragua: Dr. J. L. Medina.
La República del Perú: Dr. Daniel Eduardo Lavorería.
La República de Santo Domingo: Sr. Don Emilio C. Joubert.
La República del Uruguay: Sr. Don P. Requena Bermudez
La República de Venezuela: Sr. Don Nicolás Veloz-Goiticoa.

El PRESIDENTE. Señores, hállase entre nosotros uno que contribuyó al éxito de nuestra última conferencia, cuyo interés en ella fué muy marcado y cuya capacidad en la dirección de conferencias de esta clase ha sido demostrada en varias ocasiones, y que se está de nuestra parte, con el alma y el corazón, en nuestro esfuerzo para hacer de ésta una convención eficaz. Me refiero al recien nombrado Director de la Oficina de las Repúblicas Americanas, Señor W. C. Fox, á quien tengo el honor de presentarles. [Aplausos.]

ALOCUCIÓN DEL HONORABLE W. C. FOX, DIRECTOR DE LA OFICINA DE LAS REPÚBLICAS AMERICANAS.

Señor PRESIDENTE. Señores: Aprecio profundamente el alto honor que se me confiere al llamárseme en esta ocasión.

Gracias á la tolerancia de los honorables representantes de la Unión Internacional de las Repúblicas Americanas, desempeño, por ahora, las funciones de Director de la Oficina Internacional de las Repúblicas Americanas.

En tanto que aparentemente los lazos que atan esta Unión son de un tejido tan fino y delicado que uno creería que el más mínimo elemento de discordia los rompería, el mero hecho de su existencia bajo estas circunstancias es una prueba de su consistencia.

Si es exacto mi modo de entender la razón de ser de una Unión Internacional de Repúblicas Americanas, diré que *no es la de establecer* armonía, sino que la Unión existe porque hay armonía. Esta armonía es un hecho porque los distinguidos hombres que rigen los destinos de las varias Repúblicas están de mútuo acuerdo; y creo, sin temor á contradecirme, que esta Unión tiene el sostén de la inteligencia, del fuerte brazo y del valeroso corazón del Presidente de los Estados Unidos.

Señores, nos hemos reunido aquí para demostrar una vez más nuestra fidelidad y lealtad á los intereses del Continente Americano. Hallámonos aquí para realizar en parte los mandatos de la Primera Conferencia Internacional de las Repúblicas Americanas, celebrada en esta ciudad en 1889, y los de la Segunda Conferencia Americana que tuvo lugar en Méjico en 1901. Ya nos hemos reunido hace dos años, y ahora estamos forjando otro eslabón para la cadena que une á las Repúblicas Americanas tan fuertemente.

No creo que puedo añadir una palabra más á lo que ya se ha dicho, sólo me resta decirles que es mi deber poner en vuestro conocimiento lo que modestamente hemos tratado de hacer para vuestra comodidad y recreo durante el tiempo que permanezcáis en Wáshington; con vuestro permiso, pues, leeré el programa.

Se servirá un almuerzo hoy, y un día sí y otro nó, durante las sesiones de la Convención, al cual se les invita cordialmente.

Esta tarde á las 3.30 nos reuniremos aquí para tomar un automóvil con el fin de ir á ver la nueva maquinaria de destilación del servicio de aguas de esta ciudad.

El miércoles, 11 de octubre, gracias á la cortesía del Secretario del Tesoro, se verificará una excursión en una lancha del resguardo por el Río Potomac. La comitiva irá á Indian Head y Mount Vernon, retornando á la capital antes de que anochezca.

A mi juicio lo mejor es reunirnos todos aquí á las 9.30 de la mañana y de aquí irnos juntos al muelle en donde nos estará esperando la lancha.

La Dirección de la Convención de Banqueros, que se celebra simultáneamente á la nuestra, ha enviado corteses invitaciones á los delegados para la recepción que se celebrará en la Corcoran Gallery of Art en la noche del miércoles, y para la recepción general, que se celebrará en este hotel en la noche del viérnes próximo.

Dr. H. L. E. JOHNSON. Señor Presidente, pido que se hagan extensivas las prerrogativas de la Convención á los siguientes médicos y otros:

Dr. George M. Kober, Wáshington, D. C.

Cirujano Preston H. Bailhache, Servicio de Sanidad Pública y Hospitales Marítimos.

Dr. Reid Hunt, farmacólogo, Servicio de Sanidad Pública y Hospitales Marítimos.

El presidente de la Escuela Médica Naval, Wáshington, D. C.

El presidente de la Escuela Médica Militar, Wáshington, D. C.

El Cirujano General de la Armada de los Estados Unidos.

El Cirujano General del Ejército de los Estados Unidos.

El Cirujano General George M. Sternberg, Ejército de los Estados Unidos (retirado).

Dr. Ch. Wardell Stiles, zoólogo, Servicio de Sanidad Pública y Hospitales Marítimos.

Dr. William C. Woodward, funcionario de sanidad del Distrito de Columbia.

El Cirujano General Suzuki de la Armada Imperial Japonesa.

Profesor H. C. Wood, Filadelfia, Pennsylvania.

La petición fué secundada y, una vez discutida, fué unanimamente aprobada.

El PRESIDENTE. Para esta tarde tenemos una invitación para inspeccionar la maquinaria de destilación de Wáshington. Creo que bien valdrá la pena de ir á visitarla, pues es una maquinaria para purificar el agua del Río Potomac para beber, y es una de las instalaciones más modernas en su clase. Partiremos á las 3.30 como nos ha dicho Mr. Fox, en automóviles, del New Willard Hotel.

Lo único que queda por hacerse, por lo que veo y lo que creo son vuestros deseos, es nombrar una comisión de organización para que decida la forma en que se ha de dirigir la presente Convención, y si alguno de los señores desea pedir que se nombre dicha comisión someteré la petición y la comisión podrá preparar su informe entre hoy y la reunión de mañana por la mañana.

Dr. H. L. E. JOHNSON. Pido que el Presidente nombre dicha comisión.

La petición fué numerosamente secundada, y una vez discutida, aprobada.

El PRESIDENTE. Nombro, como miembros de dicha comisión, al Doctor Licéaga, de Méjico, al Doctor Moore, de Chile, al Cirujano General Auxiliar Geddings, del Servicio de Sanidad Pública y Hospitales Marítimos, y al Comandante McCaw, del Ejército; y ruego á estos señores que se queden después que se levante la sesión.

Doctor GUITERAS. Señor Presidente, pido que se nombre al Dr. Juan J. Ulloa secretario de esta Convención.

VARIOS DELEGADOS. Apoyo la petición.

La cuestión fué discutida y el Doctor Ulloa quedó elegido secretario.

El PRESIDENTE. Deseo añadir el Doctor Guiteras á la comisión de organización, haciendo un total de cinco miembros.

Con esto queda terminado el programa de esta mañana, pero si algún delegado desea someter algún asunto á la consideración de la Convención nos alegraremos que así lo haga.

Doctor GUITERAS. Propongo que se suspenda la sesión hasta las 10 del día de mañana.

Se aprobó la propuesta después de discutida.

SEGUNDO DÍA—MARTES, 10 DE OCTUBRE.

Sesión de la mañana.

Bajo la presidencia del Dr. Eduardo Moore, se declaró abierta la sesión á las 10.20 de la mañana.

Doctor MOORE. Como Presidente de la junta consultora declaro abierta la sesión y ruego al Doctor Ulloa que dé lectura á las resoluciones adoptadas por la comisión nombrada ayer.

Las resoluciones fueron leídas por el secretario y son como sigue:

(1) *Se resuelve,* Que el nombre del Cirujano General Wyman sea propuesto á esta Convención para Presidente de ella, el del Dr. Eduardo Licéaga para Presidente de la próxima Convención y el del Dr. Juan J. Ulloa para secretario permanente.

(2) *Se resuelve,* Que estas Conferencias se celebren cada dos años.

(3) *Se resuelve,* Que la próxima Convención se celebre en la Ciudad de México en diciembre de 1907, á convocatoria de la Oficina Sanitaria Internacional.

(4) *Se resuelve,* Que tan pronto como se complete la organización, el Presidente conceda la palabra al Dr. Eduardo Licéaga para que lea una memoria de interés general.

(5) *Se resuelve,* Que la comisión proponga que los informes de las Repúblicas que sean muy extensos se presenten á la Convención en forma extractada. Dichos informes se publicarán, en toda su extensión, con los trabajos de la Convención.

Doctor GUITERAS. Señor Presidente, propongo que estas resoluciones sean discutidas una por una y sometidas á la Convención por separado.

La propuesta fué secundada.

Se discutió el asunto y la propuesta fué aprobada.

El SECRETARIO. La primera resolución es como sigue:

Se resuelve, Que el nombre del Cirujano General Wyman sea propuesto á esta Convención para Presidente de ella, el del Dr. Eduardo Licéaga para Presidente de la próxima Convención y el del Dr. Juan J. Ulloa para secretario permanente.

Doctor GUITERAS. Pido que esta resolución sea adoptada.

Esta propuesta fué apoyada.

Se discutió el asunto y quedó aprobada la resolución.

Entonces el Cirujano General Wyman tomó posesión de la silla presidencial.

El PRESIDENTE. Deseo darles las gracias por este honor que me confieren de nuevo. Personalmente, hubiera deseado mejor que la elección hubiere recaído en otro delegado y se le hubiere dado este honor en la presente Convención. Parece, sin embargo, que el que preside debe ser un ciudadano del país en don de se celebra la Convención, y por cuanto, naturalmente, tiene á su cargo la preparación de las reuniones, y está más íntimamente relacionado con los detalles del programa que otros pudieran estarlo, por estas razones, tengo la satisfacción de aceptar este alto honor con que Vds. me vuelven á investir.

La segunda resolución es:

Se resuelve, Que las Conferencias se celebren cada dos años

¿Están Vds. dispuestos para la discusión?

Se discutió el asunto y la resolución fué adoptada.

El PRESIDENTE. La tercera resolución es:

Se resuelve, Que la próxima Convención se celebre en la Ciudad de México en diciembre de 1907, á convocatoria de la Oficina Sanitaria Internacional.

¿Existe alguna objeción contra ésta? Si no, votemos su aprobación.

El asunto fué discutido y la resolución aprobada.

Aquí el Doctor Licéaga hizo uso de la palabra dando gracias á la Convención por el honor que se hacía á su nación al acordarse la celebración de la siguiente Conferencia Sanitaria en la Ciudad de México. Expresó el sumo placer que esta solución del asunto le proporcionaba, porque el Segundo Congreso Panamericano se celebró en la Ciudad de México, en el cual se adoptaron varias resoluciones, una de las cuales fué sobre la celebración del Congreso Sanitario Internacional. Manifestó su agradecimiento por la cortesía, y sus deseos de que el éxito de esta Convención tendería á reforzar los lazos que unen á los países de este continente. Habló en términos muy encomiásticos de los modernos métodos para unir las naciones y juntarlas en asuntos intelectuales, sociales y morales, los cuales en su opinión son los medios más eficaces para la consecución de los fines que las más altas aspiraciones de las naciones desean alcanzar.

El PRESIDENTE. Leeré la quinta resolución antes que la cuarta:

Se resuelve, Que la Comisión proponga que los informes de las repúblicas que sean muy extensos se presenten á la Convención en forma extractada. Dichos informes se publicarán, en toda su extensión, con los trabajos de la Convención.

Esta resolución fué aprobada después de ser discutida.

El PRESIDENTE. La cuarta resolución es:

Se resuelve, Que tan pronto como se complete la organización, el Presidente conceda la palabra al Dr. Eduardo Licéaga para que lea una memoria de interés general.

Después de discutida fué aprobada esta resolución.

El PRESIDENTE. La resolución ha sido aprobada. Oigamos ahora al Doctor Licéaga.

El Doctor Licéaga leyó la memoria de referencia en castellano. (Véase el Apéndice, pág. 329.)

El PRESIDENTE. Señores, acabáis de oir este interesante documento del Doctor Licéaga, y ahora queda abierto el asunto para su discusión. Nos alegraremos mucho de oir al delegado que desee hablar sobre la cuestión.

Diré además que, con la aprobación del Doctor Licéaga, esta memoria, después de ser discutida, se someterá á la consideración de la junta consultora, la cual la estudiará detalladamente, la comentará y la presentará de nuevo á la Convención. Este fué el procedimiento que se siguió el año pasado, y supongo que todos convendrán en que sea el mismo para este año; pero quisieramos por ahora oir observaciones, sin que se emitan votos ni se acuerden resoluciones. Quisieramos oir las observaciones del delegado que deseare expresar sus opiniones sobre el tema.

Doctor GUITERAS. En vista de que Vds. desean oir una opinión sobre el asunto en cuestión, diré que nuestro colega de México, indudablemente, tiene razón al declarar que deberíamos empezar tan pronto como sea posible y dedicarnos á preparar y terminar los reglamentos sanitarios que rijan uniformemente en el Hemisferio Occidental. Este es, en verdad, el objeto por que estamos aquí. Al mismo tiempo, me parece que actualmente no estamos bien preparados para emprender esa obra. Opino que podrémos prepararnos

para ella durante el año próximo. Debíamos haber presentado ante esta Convención, creo yo, una especie de plan de organización ó un reglamento de ese género. Á mi juicio podemos tomar una determinación en la actual Convención en este respecto; podríamos dar instrucciones á la comisión de organización para someter á los representantes de las varias repúblicas en esta Convención un bosquejo del plan de un convenio de esa clase entre los distintos gobiernos, y, una vez presentado dicho plan, tendríamos un año para estudiarlo, y de este modo, cuando fueramos á México para la próxima conferencia, estaríamos preparados y dispuestos á hacer el convenio.

Aquí el Doctor Licéaga hizo uso de la palabra.

(El Señor Guiteras repitió en castellano las observaciones que hizo en inglés.)

Doctor Guiteras. El Doctor Licéaga ha dicho que se opone á mis observaciones. Declara que parece ser que no he entendido lo que él ha propuesto. No cree que estemos dispuestos á llegar á una conclusión muy definitiva ó á establecer una convención sanitaria positivamente científica; pero cree que debieramos dar más vigor á los acuerdos tomados en la última conferencia, y los que tomemos en la presente. Según él, aparentemente tienen su base en el aire, pero no se han puesto en vigor á pesar de que les hemos aceptado, y cree que debemos darles valor y peso en alguna manera.

El Presidente. Deseo hacer constar que las resoluciones adoptadas en la última Convención han sido puestas en práctica en los Estados Unidos por el Servicio de Sanidad Pública y Hospitales Marítimos. No puedo decir que lo hayan sido en todos los Estados de la Unión, pero nos hemos ceñido á ellas tan fielmente como hemos podido. Y en este respecto, creo que sería de interés oir á uno de los delegados de los Estados Unidos, que fué miembro de la Conferencia Internacional sobre la peste bubónica, celebrada en París en 1903, en la que se tomó un acuerdo por el estilo, yo creo, del que el Doctor Licéaga tiene ideado, y el cual ha sido puesto en forma de tratado por los distintos países, ó por un número de ellos, al menos. No puedo decir ahora si todas las naciones que enviaron representantes á aquella Conferencia han hecho ó no tratados en forma, ó firmado este tratado; los Estados Unidos lo han hecho, según tengo entendido.

Deseo rogar al Cirujano General Auxiliar Geddings que haga una breve relación de aquella Conferencia, de las naciones representadas en ella, del sitio en que fué celebrada y de la determinación final tomada de acuerdo con los resultados.

En este momento el Doctor Licéaga pidió la palabra para hacer una breve alocución. Haciendo referencia á lo manifestado por el General Wyman, dijo que deseaba expresar la grande satisfacción que tenía al reconocer que los Estados Unidos han observado realmente todas las resoluciones adoptadas en la anterior conferencia sanitaria; pero indicó que los Estados Unidos han cumplido con las instrucciones de aquella Convención porque quisieron hacerlo; que prefería mucho más que un país cumpla con los requisitos higiénicos adecuados porque está obligado á hacerlo y no porque le parezca conveniente hacerlo, diciendo además que desearía que esos requisitos se observaran en la forma prescrita por las resoluciones acordadas en la conferencia anterior.

Doctor GEDDINGS. Señor Presidente, Señores: Accediendo al ruego del Presidente, me permitiré describir, tan bien como mi memoria me lo permita y tan brevemente como lo exige la ocasión, los resultados de la Conferencia Sanitaria Internacional celebrada en París en octubre de 1903 hasta diciembre del mismo año.

Esta Convención tuvo por objeto especial las cuestiones de la peste bubónica y el cólera. Los miembros de dicha conferencia hicieron varias importantes declaraciones. Con respecto á la peste bubónica sustentaron la atrevida y perfectamente justificada conclusión de que dicha peste es trasmisible solamente por las deyecciones y deposiciones, y por la impregnación de artículos y viviendas con los excrementos y secreciones de los atacados por la peste; que las mercancías, por sí mismas, no eran susceptibles de trasmitir la peste, siendo solamente peligrosas cuando se empleaban como vehículo para animales atacados, ó cuando han sido impregnadas con las defecaciones de las personas atacadas con el mal.

La misma opinión se sustentó con respecto al cólera, que los buques, viviendas ó mercancías son solamente peligrosos con respecto á la comunicabilidad del cólera, cuando han sido infestados con las deyecciones de los que han estado enfermos de dicho mal.

Aquella conferencia contribuyó eficazmente á la abolición de hecho de las cuarentenas. Clasificó los buques en tres categorías, á saber, limpios, sospechosos é infectados. Entrar en detalles sobre las definiciones de estas categorías sería una larga tarea; sólo diré que las restricciones impuestas á lo que constituía un buque sospechoso ó infectado son mucho más leves que las que acostumbramos á imponer aquí en los Estados Unidos. Las medidas de cuarentena adoptadas en aquella convención serían eficaces si pudieran observarse en su totalidad; pero su seguridad depende en la absoluta integridad de las medidas dirigidas contra un mal en cuestión. La más ligera equivocación, el más insignificante descuido, la más mínima omisión, producirían probablemente una catástrofe. En consideración á este hecho, los Estados Unidos se vieron obligados á disentir de los fallos de la Convención, y sus representantes firmaron los acuerdos haciendo excepción de este punto. No podemos, de acuerdo con nuestras leyes y nuestro sistema, reconocer la vigilancia como equivalente á la observación; para nosotros la vigilancia significa que cuando un buque llega con pasajeros que se sospecha tienen la peste, ó que la han tenido, y con personas expuestas á la infección, se permite á dichos pasajeros que vayan á sus puntos de destino quedando sujetos á la vigilancia de las autoridades locales, ú obligados á presentarse ante éstas de vez en cuando hasta que el período de la incubación del mal ha trascurrido. En la observación, según la entendemos, dirigimos nuestras medidas contra el buque, pero detenemos al personal y lo sujetamos á observación. Los delegados de los Estados Unidos disintieron con respecto al sistema de vigilancia, y firmaron los resultados de la Conferencia sin dar su conformidad en lo tocante á que la observación debe ser sustituida por la vigilancia. En lo que se relacionaba con la fiebre amarilla, es de lamentar que la representación del Hemisferio Occidental quedara limitada á los Estados Unidos, la República Argentina y al Brasil. Se hizo un marcado esfuerzo para que la Conferencia de París resolviera definitivamente la cuestión de la fiebre amarilla. Como Vds. recordarán, tuvo lugar hace dos años; si se hubiera celebrado la convención hoy

en día la determinación hubiera sido diferente, pero entonces rehusó hacerlo ó formular acuerdos definitivos sobre la fiebre amarilla, contentándose con hacer la simple declaración de que en el asunto de dicho mal se recomendara á las potencias que modificaran sus reglamentos de acuerdo con los descubrimientos científicos sobre la materia. Después de un largo debate los delegados de la Argentina y el Brasil dieron su conformidad en este punto. Es mi opinión que la Conferencia de París ha adoptado la base firme y segura para el establecimiento de una estable inteligencia internacional.

Tendré mucho placer en someter á la comisión de organización, de acuerdo con el ruego del Presidente, el texto impreso de la Conferencia y una traducción al inglés que hice al volver, la que, supongo, responderá á los fines de la comisión.

El PRESIDENTE. Se desean hacer algunas observaciones más sobre esta cuestión?

El SECRETARIO (Doctor Ulloa). Refiriéndome á la petición del Doctor Licéaga, objeto de la discusión, tengo el honor de manifestar que estoy en todo conforme con este señor. Estoy de acuerdo con él sobre el hecho de que estamos aquí, no solamente para discutir distintas cuestiones relativas á la ciencia sanitaria y para asistir á esta Convención por el interés y el placer que siempre tenemos al concurrir á congresos científicos, sino también para llegar á un acuerdo de naturaleza práctica. Nuestra representación aquí es combinada, si se me permite la frase. Es científica y diplomática, como yo la denominaría. Entiendo que nuestra mayoría asistió á la anterior Conferencia y asiste á ésta con plenos poderes de nuestros respectivos Gobiernos para firmar ad referendum todo acuerdo que fuere adoptado. Nuestros Gobiernos han depositado su confianza en nosotros al eviarnos aquí, y nos han autorizado para adoptar acuerdos y votar, de conformidad con nuestra razón, en los problemas científicos que se han de discutir aquí. Estamos autorizados para firmar convenios en materias de sanidad, pero, como es claro, tenemos que someterlos á la aprobación de nuestros respectivos Gobiernos después; es decir, estamos autorizados para firmar ad referendum.

Opino con el Doctor Licéaga y el Doctor Guiteras que podríamos firmar las resoluciones ya adoptadas, teniendo como base los hechos científicos ya demostrados. Los acuerdos de la última convención sanitaria abarcan, creo yo, todas las materias concernientes á la fiebre amarilla. Ahora discutirémos otros asuntos importantes, la peste bubónica en particular, y no dudo que aprenderémos mucho, algunos de nosotros por lo menos, de las discusiones que tengan lugar sobre dicha peste. Creo que aún no estoy dispuesto á firmar nada sobre la peste bubónica, pero después que haya oído vuestras discusiones sobre la materia, aprenderé mucho más sobre ella, y me sentiré plenamente autorizado para firmar cualquier acuerdo á que lleguemos. [Aplausos.]

El Doctor Lavorería, después de argüir una por una las cláusulas, señaladas por el Doctor Licéaga, de las resoluciones de la Segunda Conferencia Panamericana de Méjico, expresó el hecho de que, aún cuando el Perú no estuvo representado en la última convención sanitaria, por razones que él no creía necesario citar, su Gobierno dió su conformidad á todo lo que fué acordado en dicha convención, y manifestó que se habían promulgado en Perú varios decretos ejecutivos declarando legales las resoluciones del anterior congreso sanitario. Dijo que en su nación tienen la junta nacional de sanidad,

la cual dicta las reglas y disposiciones relativas á la higiene, y que dichas disposiciones son obligatorias en todas las partes del país. Manifestó que aceptaba todas las proposiciones del Doctor Licéaga, y que uno de los deseos principales del Gobierno del Perú es que lleguemos todos á un acuerdo mediante el cual los países del continente sean regidos por reglamentos sanitarios uniformes. Dijo que se había dictado un decreto en el cual adopta Perú los distintos reglamentos, entre los cuales mencionó la Oficina Sanitaria Internacional. Entró en algunos detalles relativos á las resoluciones citadas por el Doctor Licéaga, que han sido leídas por todos los miembros de la Convención.

El Señor Whithers expresó también su conformidad con la proposición del Doctor Licéaga. Manifestó que la República del Ecuador ha adoptado las resoluciones acordadas por la Primera Convención Sanitaria de Wáshington, y que creía en la fiel observancia de sus disposiciones. Dijo que el Ecuador gozaba del privilegio de estar libre de la peste bubónica.

Estaba conforme en todo con el Doctor Licéaga, y dijo que en nombre de su país esperaba que se llegara á un arreglo en esta Convención que uniera á los varios países de este continente.

El Doctor Alcivar expresó su opinión de conformidad con la del Doctor Licéaga. Dijo que era de importancia que todos los delegados presentes volvieran á sus países llevando un convenio firmado que obligara á las varias naciones á la observancia de los métodos acordados en las resoluciones de este Congreso.

El Doctor Medina manifestó también su conformidad con la proposición del Doctor Licéaga.

El Doctor Moore dijo que también se hallaba conforme con el Doctor Licéaga, y dijo que creía que todos los delegados están conformes con dicha opinión; que dicha proposición debía formar parte de los acuerdos que se firmarán en esta Conferencia y después someterse á los respectivos Gobiernos. Manifestó su creencia de que la discusión se había llevado bastante lejos, y que sería mejor someter una resolución á la junta consultora con el fin de que se firme un acuerdo que se someta después á los Gobiernos.

El Doctor Licéaga dijo que se consideraba muy afortunado y dichoso al oir las opiniones expresadas por varios de los delegados presentes; hizo constar que no le importaba lo que los Gobiernos hicieran, pero que él quería que todos los presentes y que estén convencidos de la fructuosidad y eficacia de las resoluciones tomadas aquí, que lo demuestren prácticamente firmando sus nombres en las resoluciones, y cumpliendo con su obligación de esta manera; y que entonces fueran enviadas á los respectivos Gobiernos; si éstos las aprobaban, muy bien, si nó peor para ellos, pero por de pronto los delegados habrían cumplido con su obligación.

El Presidente. Hay más observaciones sobre esta materia? Si nó, antes de terminarse la discusión de este asunto, rogaré que algún caballero proponga que la comisión de organización nombrada ayer sea constituida como junta consultora; ó si alguno desea sugerir otra idea, le agradecerémos que la exponga. De otro modo no tenemos una junta consultora á la cual someter los documentos, resoluciones é informes.

Dr. H. L. E. Johnson. Propongo que todas las cuestiones que se susciten en esta Convención sean sometidas á la comisión de organización nombrada ayer, constituida como junta consultora.

La propuesta fué apoyada.

Una vez discutida, fué aprobada.

Doctor GUITERAS. ¿Puedo hacer una proposición?

El PRESIDENTE. Doctor Guiteras.

Doctor GUITERAS. No sé si éste es el sitio adecuado ó si debo presentar esta petición ante la junta consultora, pero creo que en la última reunión se nombraron vicepresidentes.

El PRESIDENTE. Sí, señor.

Doctor GUITERAS. Y no sería conveniente nombrar vicepresidentes ahora?

El PRESIDENTE. Tomarémos en consideración la petición del Doctor Guiteras tan pronto como se termine el asunto que se está discutiendo. Debe adoptarse una resolución sometiendo el documento del Doctor Licéaga á la junta consultora. Si nadie disiente, esta cuestión será sometida á la junta consultora. ¿Le es esto conveniente al Doctor Licéaga?

El Doctor Licéaga dió su consentimiento.

Doctor GUITERAS. Pido que se nombren á los vicepresidentes.

El PRESIDENTE. ¿En sesión abierta ó por la comisión?

El Doctor GUITERAS. Pido que lo haga la comisión.

El PRESIDENTE. No oigo ninguna objeción, por lo tanto se anuncia que la propuesta está aprobaba.

El programa científico dice:

1. Un informe que someterá un delegado de cada República. Este informe debe contener: (a) Datos sobre las enfermedades que predominan, con mención especial de la peste bubónica, de la fiebre amarilla y de la palúdica, desde el 1° de enero de 1904, que es próximamente la fecha de la clausura de la última convención; (b) un sumario de las leyes de cuarentena y sanidad dictadas desde la primera convención; (c) los trabajos especiales de higiene que están en progreso ó en proyecto. Estos informes se presentarán en nombre de cada República ó cada división del asunto puede ser entregada á un delegado para su presentación. Se ruega la entrega de copias de los informes para su publicación.

De acuerdo con este programa, se llamarán las Repúblicas por sus nombres, y ruego á los delegados que hagan informes verbales; ó si los tienen por escrito que los presenten para que durante el día podamos oír de las Repúblicas sobre los asuntos mencionados en este párrafo.

Así pues, llamarémos primero á Chile.

Doctor GUITERAS. Me parece que quizás sería mejor dar comienzo á estos informes durante la sesión de la tarde, porque la comisión ejecutiva tiene que reunirse antes de la comida, y si prolongamos esta sesión sería difícil que dicha comis ón tenga tiempo para celebrar su reunión. Pido, por lo tanto, que se suspenda la sesión y que se comiencen estos informes en la sesión de esta tarde.

Esta propuesta fué apoyada.

El PRESIDENTE. Antes de suspender la sesión deseo manifestar que hay dos ó tres avisos que hacer. El secreterio los leerá.

El secretario anunció que se habían enviado varias invitaciones á los miembros de la Convención Sanitaria.

El PRESIDENTE. Aquí tenemos cierto número de ejemplares de la edición revisada del informe del Dr. L. O. Howard sobre el predominio del mosquito *Stegomyia* en los Estados Unidos y las regiones en que más abunda. Nos ha sido de mucha utilidad en la supresión de la epidemia de fiebre amarilla que hubo en el sur este año. Demuestra en donde prevalece el mosquito *Stegomyia*. El Doctor Howard es el Jefe Entomólogo del Departamento de Agricultura de los Estados

Unidos y también entomólogo consultor del Servicio de Sanidad Pública y Hospitales Marítimos, y por esta razón desearía que estuviere presente y que se le concedan las prerrogativas de la Convención durante sus sesiones. Nos podrá dar algunas pláticas sobre el mosquito de la fiebre amarilla.

Doctor GUITERAS. Pido que se concedan los privilegios de la Convención al Doctor Howard y también al Dr. James Carroll. Creo que esto no se hizo en la sesión de ayer.

La petición fué secundada.

Una vez discutida, la propuesta quedó aprobada.

El PRESIDENTE. Estando aprobada la propuesta, ruego al Secretario que notifique á los señores interesados.

En ausencia del Director de la Oficina de las Repúblicas Americanas, Señor Fox, deseo notificarles lo que hay para mañana, de modo que todos Vds. lo sepan claramente. Nos reunirémos aquí, en esta habitación ó en el vestíbulo de la entrada de la Calle F, y partiremos desde dicho lado del hotel, porque al Miércoles por la mañana habrá en el hotel un gran número de miembros de la Sociedad de Banqueros Americanos, la cual se reune en ese día, quedando de este modo el otro vestíbulo atestado de gente. Saldrémos de aquí á las nueve y media para ir al muelle que está al final de la Calle Undécima. La lancha debe partir del muelle á las diez, y estarémos ausentes durante todo el día visitando varios puntos á lo largo del río Potomac, Mount Vernon y otros sitios. Claro es que se espera que todos los delegados, señoras y demás invitatos estén presentes. Estarémos ausentes durante todo el día, retornando al anochecer.

Si no se ha de presentar otra propuesta, la del Doctor Guiteras para que se suspenda la sesión, que ha sido apoyada, será sometida ahora. La propuesta es que se suspenda la sesión hasta las tres de esta tarde.

La cuestión fué discutida y la propuesta aprobada.

Entonces se levantó la sesión para continuarla á las tres de la tarde.

Sesión de la tarde.

El presidente, Cirujano General Wyman, declaró abierta la sesión.

El PRESIDENTE. Lo primero que se hará en esta sesión será la lectura del acta de la primera sesión.

El secretario leyó el acta de la primera sesión de la Convención.

Doctor GUITERAS. Pido que este acta sea aprobada tal como ha sido leída.

El PRESIDENTE. Antes de que esta propuesta sea tomada en consideración, deseo manifestar que creo que se han omitido uno ó dos nombres en la lista de las personas á quienes se han concedido los privilegios de la Convención. El Dr. J. S. Anderson es uno. Es el Director Auxiliar del Laboratorio Higiénico del Servicio de Sanidad Pública y Hospitales Marítimos de los Estados Unidos. Con el consentimiento de la Convención su nombre sera añadido á dicha lista.

Habéis oído la lectura del acta, y se propone que sea aprobada tal cual ha sido leída.

La cuestión fué discutida y la propuesta aprobada.

El PRESIDENTE. Antes de seguir adelante, deseo hacer constar que en la comisión de organización, según he notado al escuchar la lectura del acta, se ha omitido un miembro, que yo creo debe ser incluído por el extenso trabajo encomendado á dicha comisión, la cual ha sido

además constituída en junta consultora, y opino que el nombre de ese miembro debe añadirse ahora, porque tenemos dos de los departamentos médicos de este Gobierno representados y por un descuido uno de ellos no fué incluído originalmente. Con vuestro consentimiento, pues, desearía añadir á esa comisión el nombre de un funcionario de la Armada de los Estados Unidos, el Doctor Gatewood, que es el delegado de dicha armada.

Doctor GUITERAS. Propongo que el Doctor Gatewood sea incluído en la junta consultora.

La petición fué apoyada, discutida y aprobada.

El PRESIDENTE. Deseo manifestar que es de suponer que nuestros convidados asistan con nosotros á las funciones sociales, particularmente á la excursión de mañana por el río á Indian Head y Mount Vernon.

Antes de dar comienzo á los trabajos de la tarde, preguntaré si algún delegado tiene alguna medida especial que proponer ú observación especial que hacer. Si no, procederemos con la llamada de las Repúblicas de conformidad con el programa provisional. Supongo que todos los miembros tendrán una copia del mismo, el programa científico, cuyo primer párrafo se leyó esta mañana, por lo que no se volverá á leer, llamándose, acto continuo, á los delegados. Ruego al secretario que lo haga por orden alfabético.

El SECRETARIO. Chile, Dr. Eduardo Moore.

El Doctor Moore leyó su informe como delegado de Chile. (Véase el apéndice, página 333.)

El Señor Whithers propuso que, con el fin de ahorrar tiempo, se entregaran todos los informes de las Repúblicas al secretario, sin que se leyeran.

El PRESIDENTE. Habéis oído la propuesta de que los documentos no se lean y que cada delegado haga un breve resumen, extempore, de lo que contiene su informe, diciendo de que trata y lo que demuestra.

Doctor GUITERAS. Creo que esto es lo que hemos decidido en la reunión de la junta ó comisión de organización, que se lean breves resúmenes. A mi juicio no se empleará mucho tiempo en ello.

El PRESIDENTE. Eso fué lo que acordó la Convención, ¿no es así?

El Doctor GUITERAS. Sí, señor.

El PRESIDENTE. Esto será lo acordado entonces. Después sigue el informe del Doctor Ulloa, el delegado de Costa Rica.

El Doctor Ulloa leyó su informe en inglés (véase el Apéndice, pág. 334).

El PRESIDENTE. El Secretario llamará ahora al delegado de Cuba.

El SECRETARIO. Cuba; Dr. Juan Guiteras.

El informe de Cuba fué leído por el Doctor Barnet en castellano (véase el Apéndice, pág. 335).

El SECRETARIO. La República Dominicana, Sr. Don Emilio C. Joubert.

El PRESIDENTE. El Señor Joubert rogó que se le excusara este día, diciendo que tendría mucho gusto en leer su informe el miércoles; así, pues, aplazarémos la lectura de dicho informe hasta ese día. El Señor Joubert estuvo aquí esta tarde pero tuvo que marcharse (véase el Apéndice, pág. 414).

El SECRETARIO. Ecuador.

El informe del Ecuador fué leído por el Dr. Miguel Alcivar (véase el Apéndice, pág. 377).

El SECRETARIO. Guatemala.

El informe de Guatemala fué leído por el Dr. Joaquín Yela (véase el Apéndice, pág. 381).

El Secretario: Méjico

El informe de Méjico fué leído por el Dr. Eduardo Licéaga (véase el Apéndice, pág. 384).

El SECRETARIO. Nicaragua.

El informe de Nicaragua fué leído por el Dr. J. L. Medina (véase el Apéndice, pág. 397).

El SECRETARIO. Perú, Dr. Daniel E. Lavoreria.

El informe del Perú fué leído por el delegado Doctor Lavorería (véase el Apéndice, pág. 398).

El PRESIDENTE. El Dr. H. D. Geddings hablará en nombre del Gobierno nacional de los Estados Unidos (véase el Apéndice, pág. 416).

El PRESIDENTE. Los delegados de Uruguay y Venezuela me han rogado que les excuse ante esta Convención por no presentar los informes de sus respectivas naciones.

El delegado del Uruguay no ha recibido todavía todos los detalles que necesita para su informe, y ha manifestado que muy probablemente no podrá presentarlo, pero que estará conforme con todo lo que se acuerde en esta Convención, y que asistirá en nombre de su Gobierno para firmar las resoluciones que se adopten (véase el Apéndice, pág. 418).

El delegado de Venezuela no pudó presentar su informe hoy, pero me dijo que lo haría á tiempo para que pueda imprimirse con los trabajos del Congreso (véase el Apéndice, pág. 420).

Deseo leerles un telegrama que he recibido del Dr. Rhett Goode. Es como sigue:

MOBILE, ALA.

Al General Walter Wyman,
Presidente de la Oficina Sanitaria Internacional,
Wáshington, D. C.:

La inspección de las cuarentenas existentes me impide asistir á la Convención. Las cuestiones más importantes que deben considerarse son la propagación de la fiebre amarilla y el saneamiento de ciudades. Sírvase expresar á los miembros mi sincero sentimiento y mis mejores deseos para que la Convención sea coronada con el éxito.

RHETT GOODE, M. D.,
Presidente de la Junta de Cuarentena, Mobile, Ala.

Deseo anunciar también que el Presidente de los Estados Unidos recibirá á esta Convención el jueves á las 12. Estarémos en sesión entonces y á las 11.45 partirémos para presentar nuestros respetos al Presidente.

Doctor GUITERAS. Pido que se suspenda la sesión hasta las 10 de la mañana del jueves.

Doctor MEDINA. Apoyo la petición.

Después de discutida se aprobó la propuesta.

Por lo cual, á las 5.20 p. m., se levantó la sesión para continuarla el jueves, 12 de octubre, á las 10 de la mañana.

TERCER DÍA—JUEVES, 12 DE OCTUBRE.

Sesión de la mañana.

El Presidente, Cirujano General Wyman, declaró abierta la sesión á las 10.30 de la mañana.

El PRESIDENTE. Con el fin de evitar equivocaciones deseo anunciarles que á las 11.45 irémos á presentar nuestros respetos al Presidente Roosevelt. Se desea que todos estén presentes entonces.

El acta de la sesión anterior fué leída por el secretario. Cuando éste leyó la parte que contenía las observaciones del Doctor Medina, este señor dijo: Señor Presidente, deseo decir algo sobre lo que ocurrió ayer. Mi intención no fué criticar en manera alguna las distintas juntas de sanidad de Centro América. Mi intención fué simplemente decir que dichas juntas debieran unirse mediante reglas uniformes. No quise criticar á ninguna individualmente, pero simplemente expresar mi opinión de que si el sistema se pusiera bajo reglas uniformes para todas las repúblicas centroamericanas, que están tan próximas unas de otras, estando un puerto á algunas horas de distancia solamente de otro, habría alguna probabilidad de llevar á cabo este proyecto. Está muy lejos de mí el criticar á ninguna república con respecto á los metodos para el régimen de sus juntas de sanidad. Cada una ha hecho lo que ha podido. La mayor parte de ellas se halla en buen estado higiénico, sólo que me parece que están trabajando en distintas direcciones, sin esa uniformidad que sería muy de desear, y ahora deseo someter un documento relativo á este asunto.

El PRESIDENTE. ¿Desea Vd. sustituir esto por lo que ha declarado en la última sesión? ¿Desea Vd. modificar el acta en este sentido?

Doctor MEDINA. Sí, deseo retirar la proposición que hice y sustituirla por ésta.

El PRESIDENTE. Si no hay inconveniente, este documento será sustituido por el que el Doctor Medina presento ayer y será impreso como parte de los trabajos de ayer. Se insertará en lugar del otro.

El SECRETARIO (Doctor Ulloa). Me alegro mucho de que mi estimado colega de Nicaragua, el Doctor Medina, haya puesto las cosas en su lugar con respecto á las infundadas observaciones que hizo en la última sesión de esta Convención, y que me causaron mala impresión por contradecir de una manera indirecta las declaraciones que hice con relación á las condiciones de Costa Rica, á la cual tengo el honor de representar aquí, en lo concerniente á los reglamentos de higiene y cuarentena.

La explicación dada por el Doctor Medina me releva del enojoso deber de protestar en términos vigorosos contra la injusticia hecha á Costa Rica en este asunto. En materia de higiene, no pretendemos estar á la misma altura de otros países más avanzados, pero, como dije en mi informe, ya hemos hecho trabajos eficaces en este respeto,

y esperamos seguir adelante, poco á poco, y conseguir mucho dentro de breve tiempo, porque queremos llevar el mismo paso, en todo lo posible, del progreso de la ciencia sanitaria, la cual podemos decir que ha abolido la cuarentena en el sentido de la interpretación ignorante. La América Central comprende cinco repúblicas soberanas, tres de las cuales tienen representantes autorizados en esta conferencia, los cuales pueden hablar únicamente por su respectivo país. Como tengo conocimiento del mal efecto que algunas manifestaciones sobre nuestros países han producido entre gente que desgraciadamente sabe poco de nosotros, terminaré haciendo las siguientes observaciones, cuya autenticidad puede ser comprobada por cualquiera que tenga algún conocimiento de mi nación. En Costa Rica se celebran las elecciones presidenciales cada cuatro años, y los distintos departamentos del Gobierno gozan de completa independencia. En asuntos de higiene, nunca hemos tenido en Costa Rica la acción coercitiva de la espada ó de los procedimientos ilegales, y todos nuestros funcionarios de sanidad son hombres de la profesión que desempeñan sus deberes concienzudamente y cuyos mandatos se ponen en vigor debidamente por la policía de sanidad.

Doctor MEDINA. Mucho me complacen las observaciones de mi amigo, y estoy en un todo de acuerdo con él en lo que ha dicho sobre el progreso de Costa Rica. Es un país pequeño, pero uno de los más progresivos de la América Central. Dice que estamos aquí para representar, cada uno, á un solo país, y entiendo que nos sugiere que debemos limitarnos al Gobierno que representamos. Yo no lo veo de esta manera. No he venido aquí para hablar de Costa Rica, porque no tengo derecho á ello, sino porque, siendo miembros de un congreso sanitario internacional, en caso de que opinemos que una medida que se adoptara beneficiaría á toda aquella región, tenemos perfecto derecho para proponerla. Si ha de ser aceptada ó no es cuestión aparte. Mi proposición es que, de una manera ú otra, haga uso esta Conferencia de su valiosa influencia para conseguir uniformidad de acción por parte de estas cinco pequeñas repúblicas para que así sus juntas de sanidad puedan obrar de acuerdo con el fin de que ninguna de ellas destruya ó perjudique el bien que un país como Costa Rica está haciendo. Esta es la razón por qué hice la proposición del otro día. Por último, deseo manifestar mi conformidad con todo lo dicho por el Doctor Ulloa sobre el progreso de Costa Rica.

Doctor ULLOA. Considero terminado el incidente, aún cuando disentimos un poco en los detalles.

El Doctor Guiteras pidió que no se leyeran en su totalidad las observaciones de los demás oradores.

La propuesta fué aceptada.

El Secretario reanudó y terminó la lectura del acta.

Á propuesta, el acta fué aprobada conforme se leyó y modificó.

El PRESIDENTE. Deseo leerles ahora una carta del Doctor Kennedy, uno de los delegados de los Estados Unidos. Es como sigue:

Siento en al alma tener que ausentarme esta mañana. Tendré que estar dos días en Nueva York, y hacer algunos exámenes en Des Moines el próximo miércoles. Tengo los partes periodísticos de las sesiones celebradas hasta ahora por nuestra Convención. Si Vd. tuviera la amabilidad de enviarme copias que contengan las últimas noticias, le agradecería mucho. He gozado y sacado provecho de las sesiones á que he asistido, y mi único deseo es poder estar presente hasta la clausura de la Conferencia.

Muy respetuosamente, J. A. F. KENNEDY.

El PRESIDENTE. Ahora leerá el Secretario algunas cartas.

El Secretario leyó las siguientes:

DEPARTAMENTO DE SANIDAD DEL DISTRITO DE COLUMBIA,
Wáshington, D. C., 11 de octubre de 1905.

Al Dr. JUAN ULLOA, *Secretario de la Conferencia Sanitaria Internacional.*

MUY SEÑOR MÍO: Tengo el honor de acusar recibo de su carta del 10 del presente en la que me informa en la segunda sesión de la Conferencia Sanitaria Internacional, se me han concedido los privilegios de la Convención. Deseo expresar mi aprecio por esta cortesía, así como el sentimiento de no poder asistir á todas las sesiones de la Convención á causa de la cantidad del trabajo oficial que tengo.

Muy respetuosamente, WILLIAM C. WOODWARD, M. D.,
Funcionario de Sanidad.

DEPARTAMENTO DE GUERRA,
OFICINA DEL CIRUJANO GENERAL,
MUSEO Y BIBLIOTECA DE MEDICINA DEL EJÉRCITO,
Washington, D. C.

Hon. JUAN J. ULLOA,
Secretario de la Conferencia Sanitaria Internacional,
Wáshington, D. C.

MUY SEÑOR MÍO: Tengo el honor de acusar recibo de su carta del 10 del corriente, en la que me invita á asistir á las sesiones de la Convención y me concede los privilegios de la misma. Me apresuro á expresarle la seguridad de mi alto aprecio por este honor y la aceptación del mismo.

De Vd. afectuosamente, JAMES CARROLL.

El PRESIDENTE. Señores, dentro de pocos momentos será necesario que partamos para la Casa Blanca con el fin de presentar nuestros respetos al Presidente de los Estados Unidos. Antes de marcharnos deseo hacerles una breve alocución sobre el interés que el Presidente Roosevelt ha demostrado siempre por la profesión médica y la higiene.

Deseo asegurarles que se les dará en la Casa Blanca una recepción cordial, y que seréis, indudablemente, felicitados con palabras de estímulo sobre los fines de esta Convención. Ningún otro Presidente de los Estados ha demostrado tan elocuente y frecuentemente un aprecio por la conducta y los trabajos del médico con respecto á su sagrada relación con sus enfermos, por sus deberes cívicos, y por sus labores como higienista. En el discurso que pronunció ante la Asociación de Cirujanos Militares de los Estados Unidos, en la alocución que dirigió al descubrirse el monumento del Dr. Benjamín Rush en Wáshington, en la que pronunció en la colocación de la primera piedra de la Escuela Médica Naval, y hace poco en la que hizo ante la Asociación de Médicos de Long Island, sus palabras fueron de estímulo y sabiduría. Ha declarado que en la vida militar el cirujano lleva consigo las penalidades del soldado y las responsabilidades de un administrador. Ha declarado que el médico que se mantiene en las alturas de la profesión es considerado en cualquiera ciudad como uno de los factores más importantes de la labor cívica de la misma, y que ningún médico puede ser bueno, ó buen ciudadano, á menos que trabaje *pro bono público*, y que los médicos deben poner su atención personal en los deberes cívicos, porque "lo que concierne á todos concierne á nadie." "Los asuntos de estado no deben dejarse encomendados á cualquiera, sino que individualmente el médico debe interesarse por ellos."

Ha demostrado su manera de apreciar los sentimientos que para nosotros, los médicos é higienistas, son tan caros, diciendo que nuestros trabajos son sumamente esenciales tanto para el bien del estado como para el individual. Para explicar esto demostró un grande

interés y confianza por los trabajos de los higienistas en la Zona del Canal de Panamá, y ha tomado la iniciativa, cuyos buenos resultados son incaculables en la obra higiénica que se ha comenzado y se está llevando á cabo en Nueva Orleans contra la epidemia de fiebre amarilla.

Al expresar este aprecio de nuestro Presidente me hago eco de las declaraciones voluntarias que he oído en muchas partes y especialmente en la reciente reunión de la Gran Sociedad Médica Americana, celebrada en Portland, Oregon, se hacían con frecuencia comentarios de esta naturaleza motivados puramente por la manera de apreciar la profesión médica los sentimientos y el apoyo de nuestro Presidente en los asuntos relativos á la salud pública é individual.

Á propuesta del Doctor Guiteras, se levantó la sesión para continuarse á las 2.30 de la tarde.

SESIÓN DE LA TARDE.

La sesión se declaró abierta por el Presidente á las 2.30 de la tarde.

Doctor GUITERAS. Señor Presidente, tengo el honor de presentar la siguiente resolución relativa á la Farmacopea de los Estados Unidos:

Por cuanto la Junta de Fideicomisarios de la Convención de Farmacéuticos de los Estados Unidos, nombrada por la Asociación Farmacéutica Americana, acaba de publicar la edición decenal de La Farmacopea de los Estados Unidos; y

Por cuanto esta farmacopea revisada comprende muchas nuevas fórmulas de valor, tanto para uso terapéutico como para prevenir enfermedades epidémicas, y representa la mejor idea y labor de los peritos en estas materias;

Por lo tanto se resuelve que una versión castellana de esta farmacopea de los Estados Unidos sería de gran provecho para las profesiones médica y farmaceútica de cada una de las Repúblicas representadas en esta Convención; y además,

Se resuelve, Que se someta dicha farmacopea á los respectivos Gobiernos para que la comenten en la próxima Convención que se celebrará en Méjico, con el objeto de adoptar una farmacopea internacional para las Repúblicas Americanas; y

Se resuelve, además, Que se ruegue á la Oficina Sanitaria Internacional que averigüe si se pueden sufragar los gastos de dicha traducción y la publicación de una edición de 5,000 ejemplares, del fondo provisto en el artículo 7 de las resoluciones adoptadas por la Segunda Conferencia Internacional de las Repúblicas Americanas, celebrada en Méjico en el invierno de 1901–2; y

Se resuelve, además, Que si resulta que los gastos de dicha traducción y publicación no pueden sufragarse del fondo provisto en el mencionado artículo 7, se remita el asunto á la Oficina de las Repúblicas Americanas con la súplica de que se haga dicha traducción y publicación en la citada oficina.

El PRESIDENTE. Habéis oído las resoluciones, las cuales serán sometidas á la junta consultora. Entre tanto, Vds. recordarán que los privilegios de la Convención fueron concedidos al Dr. H. C. Wood, de Filadelfia. Este señor se halla muy interesado en este asunto y ha sido invitado especialmente para que hable sobre él. Su nombre goza de una reputación nacional é internacional, y él ha estudiado muy atentamente las cuestiones de materia médica y farmacia; por lo tanto, con el permiso de Vds., tengo el honor de presentarles al Dr. H. C. Wood, de Filadelfia, que hablará sobre el asunto.

Doctor WOOD. Á pesar del hecho de que casi todos los miembros de esta Convención son médicos, daré comienzo á mis observaciones explicando lo que es la farmacopea.

La farmacopea es una lista de medicinas con los ensayos para probar su pureza y los métodos para hacer preparaciones con las sustancias químicas crudas para el uso de los médicos. La farma-

copea tiene, sin embargo, otro objeto más amplio que la mera práctica de la medicina, porque sobre ella están basadas muchas de las leyes que rigen las costumbres de los distintos países, y las llamadas leyes sobre alimentos puros y porque con frecuencia se sirven los tribunales de ella como norma legal.

En casi todos los países la farmacopea se deriva directamente del Gobierno. En los países anglo sajones una necesidad ha producido con frecuencia medios populares para hacerla frente, fuera de la inspección gubernamental, ó sin ella, como en Inglaterra, precisamente, donde todo el servicio de faros se halla en manos de los Hermanos de la Trinidad y no bajo el dominio del Gobierno, porque fueron los comerciantes de Inglaterra los que originalmente establecieron los faros en su país.

Del mismo modo, en los Estados Unidos la farmacopea fué originada por convenciones combinadas de las dos profesiones interesadas, y así ha continuado siéndolo por más que los estatutos del Gobierno la han reconocido como la ley del país.

Antes de que exista la farmacopea en un país, la práctica de la medicina en el mismo debe hallarse en un estado más ó menos caótico. La farmacia no tiene una norma oficial, así es que si uno quiere por ejemplo una tintura especial la consigue en la botica de un lado de la calle distinta en fuerza á la que conseguiría en la farmacia del otro lado. Ahora, desde que la costumbre de viajar ha puesto á las naciones en comunicación contínua, la diferencia entre las varias farmacopeas ha llegado á ser grande en sus resultados prácticos. Por esta razón se convocó, á iniciativa del Gobierno Belga, la llamada Conferencia sobre los remedios fuertes ó poderosos que se celebró en Bruselas, en la cual se adoptaron ciertas normas para la preparación de dichos remedios. La Farmacopea de los Estados Unidos es la primera que está de acuerdo con la norma internacional, y ha hecho, por lo tanto, un gran adelanto en la historia de la práctica de la medicina del mundo. Por una casualidad fuí presidente de la llamada Farmacopea de los Estados Unidos, y creo que por esta razón se me ha llamado para hablar ante Vds. El movimiento para que se publique una edición española de la Farmacopea de los Estados Unidos, no se originó de la Convención Farmacéutica de éstos. Mucho antes de que se publicara la Farmacopea, desde Cuba, primeramente, yo creo, pidieron una traducción española de la obra, después de Panamá y por último de Filipinas. La necesidad de esta traducción en las posesiones americanas y los países en donde se habla el español es, naturalmente, imperiosa, y cuando vemos el estado de las Repúblicas Sur-Americanas en general resulta la no menos imperiosa necesidad de una norma común. Creo que Méjico es la única República que tiene una farmacopea oficial. En Cuba se usan tres farmacopeas, la de los Estados Unidos, la española y la francesa, y siempre existe una confusión perpétua; supongo que el resultado de esta confusión hizo que los cubanos fueran los primeros en pedir una traducción de la Farmacopea de los Estados Unidos.

En casi todos los países españoles se usa el códice francés. En Chile usan el alemán. Actualmente no existe ninguna traducción castellana del códice francés, de modo que ninguno de los vastos territorios al sur de los Estados Unidos y Méjico tiene una farmacopea en el idioma del pueblo, que sea reconocida por los gobiernos como una norma oficial. Si existe alguna verdad fundamental en la Doctrina de

Monroe es la de que los pueblos de América sean independientes, no solamente en lo político, sino también en lo científico y profesional. En las condiciones actuales se ve que las Repúblicas Sur-Americanas no lo son. Con respecto á este asunto copian sus instituciones ó leyes de los países extranjeros. Por ahora la Farmacopea de los Estados Unidos no es internacional, pero se espera que cuando se haga la traducción española, y si se usa, como casi seguramente lo será, extensamente, tendrémos una especie de Farmacopea Americana ó Pan-Americana, si así quereis llamarla. Esto puede suceder de varias maneras. Bien puede ocurrir que finalmente se nombre un cuerpo internacional para que prepare una nueva farmacopea basada en la más completa que exista en el mundo. También puede suceder que la llamada Convención de la Farmacopea de los Estados Unidos sea modificada en su naturaleza, de modo que se convierta en Pan-Americana mediante la admisión de delegados de todas partes de Sur-América. Nadie sabe cuál de estos dos modos será el que se lleve á cabo, porque ésta es sólo la iniciativa para un movimiento que á mi juicio es de la mayor importancia y que es estrictamente de la incumbencia de esta Convencion, y entonces, dentro de dos años en la Convención de Méjico, ó de otra manera, podremos seguramente fundar una Farmacopea Pan-Americana.

Doctor Licéaga. En Méjico hay una junta especial para la farmacopea, que estudia las distintas farmacopeas y hace una publicación especial, ó bien adopta alguna particularmente y la traduce al castellano con la aprobación oficial de la nación.

Doctor Wood. En mis observaciones generales hice excepción expresa de Méjico conociendo bien el hecho que el Doctor Licéaga acaba de mencionar.

Doctor Licéaga. Es que no entendí bien lo que dijo el Doctor Wood en este respecto.

Doctor Moore. En Chile han adoptado la Farmacopea alemana y la publicación nacional es casi toda una copia de la alemana, traducida al castellano. Estoy del todo conforme con la solución propuesta por el Doctor Guiteras, y considero de importancia el que se adopte una farmacopea de carácter internacional para las Repúblicas Americanas. Según tengo entendido, la Farmacopea americana es mucho mejor que las otras que se usan en las Repúblicas Hispano-Americanas.

Doctor Ulloa. Como representante de Costa Rica, no tengo mucho que añadir á lo dicho por el Doctor Moore. Hago mías sus palabras, con la excepción de que nosotros no tenemos, ni nunca hemos tenido, una farmacopea nacional. En Costa Rica son varias las farmacopeas que se hallan en uso. Hacemos uso principalmente de la Farmacopea de los Estados Unidos, porque la mayoría de los médicos de Costa Rica han estudiado en los Estados Unidos. Usamos ésa y también la alemana y la francesa. Convengo en todas las declaraciones hechas por los anteriores oradores, y con placer daré mi conformidad á la proposición hecha por el Doctor Guiteras.

Doctor Barnet. Me hallo conforme con las manifestaciones hechas. El Gobierno de Cuba ha nombrado una comisión especial para la preparación de una farmacopea nacional, pero que después de celebrar varias reuniones encontró que el trabajo que tenía entre manos era harto difícil, y que tenía que tropezar con muchas dificultades, por lo que se decidió, después de consultarlo y discutirlo, que

lo mejor era adoptar la Farmacopea de los Estados Unidos, traducida, como es claro, al castellano. Habiéndose acordado ésto, se decidió que el Doctor Guiteras, en nombre de Cuba, propusiera á esta Conferencia la adopción de las resoluciones que ha presentado al efecto.

El Presidente. ¿Desea algún otro caballero hacer más observaciones sobre este tema? Si nó, estas resoluciones serán devueltas por la junta consultora en una de las sesiones de la Convención. Deseo preguntar al presidente de esa junta si tiene que someter algo de la misma.

Doctor Moore. Pongo en conocimiento del Congreso que la junta consultora, después de discutir el asunto, ha decidido recomendar la adopción de la Convención de París de 1903, omitiendo, como es natural, todos los artículos que no son de aplicación en América. Hay algunos artículos que se refieren al Mar Rojo y á otros asuntos, los cuales no son de importancia ó interés para este lado del Atlántico. También se hizo una excepción al efecto de que no debía permitirse á los pasajeros desembarcar después de la llegada de un buque infectado, sino que fueran puestos bajo observación en alojamientos adecuados. Además se han añadido á esa convención todos los artículos relativos á la fiebre amarilla que han sido adoptados en la última reunión de esta conferencia, y se propone que se lean uno por uno los artículos de la mencionada convención, para la aprobación de esta reunión.

El Secretario. Se hará una copia oficial, en pergamino, de esta convención, para que esté lista para ser firmada por los delegados.

El Doctor Guiteras. Cada artículo debe ser aprobado antes de ser incluido. Por lo tanto debemos leerlos uno por uno.

El Presidente. Tengo entendido que hay aquí una versión inglesa y otra castellana. Primero se leerá el artículo en inglés y después en español, de modo que, cuando se lean todos y se aprueben, estarán listos para ser firmados mañana. Cada artículo debe ser presentado á la Convención para su voto, antes de que los delegados lo firmen. Ruego al Doctor Guiteras que lea la versión inglesa y al Doctor Moore que lea la española.

El preámbulo se leyó primero en inglés y después en español.

El Presidente. El preámbulo, conforme se ha leido en inglés y en español, se halla ante la Convención. ¿Se desean hacer observaciones sobre él? Se ha indicado también, y con razón, que éste es el informe de una comisión que debía someterlo á la junta consultora, y ésta, á su vez, á la Convención. Como casi todos los miembros de la junta consulatora han expresado la opinión de que debe presentarse ahora, me hago la suposición, á menos que alguien se exprese en contrario, que es con el fin de se que presente como proveniente de la junta consultora para la consideración de la Conferencia. Si algún miembro de dicha junta, todos los cuales están aquí presentes, tiene alguna objeción contra esto, puede manifestarla ahora. Dos son los miembros de la junta consultora que aún no han hablado, y éstos son los representantes del Ejército y de la Armada de los Estados Unidos, el Comandante McCaw y el Doctor Gatewood. Quisiera que hablen antes que sigamos adelante. ¿Están estos dos caballeros conformes con el orden de procedimiento?

Comandante McCaw. Estoy del todo conforme.

Doctor Gatewood. Lo mismo yo.

Doctor Geddings. Entre los nombres de los delegados de los Estados Unidos aparece el del Dr. A. H. Doty, de Nueva York. Este

caballero fué debidamente invitado para que representara á los Estados Unidos en la presente ocasión, pero, debido al exceso de trabajo en el puerto de Neuva York, se ha visto privado de asistir. Por lo tanto nunca ha sido habilitado debidamente como delegado de los Estados Unidos, y pido, Señor Presidente, que se borre el nombre del Doctor Doty de los registros de esta Convención.

La petición fué apoyada.

El PRESIDENTE. Antes de dar curso á esta petición, deseo manifestar que el Doctor Doty ha demostrado gran interés por esta Convención, y que ha aceptado la invitación que se le ha hecho caso de serle posible el asistir; que ha enviado muchos telegramas sobre ello, esperando que podría venir de un día para otro, pero, encontrando que el trabajo que tiene en su estación de cuarentena es excesivo, no ha podido hacerlo. Por lo que esta resolución no debe considerarse como una censura contra el Doctor Doty. Con el fin de que esto conste, pido que se tome esta acción. El Doctor Doty quiso expresar ante esta Convención su grande sentimiento de no poder estar presente, por lo que he creído conveniente hacer esta explicación (véase el Apéndice, pág. 445).

La propuesta fué aprobada.

Doctor BARNET. Esta Convención debe ser firmada por los representantes del Gobierno de los Estados Unidos, así como por los del Ejército y los de la Armada. Considerando que los distintos Estados de la Unión Americana tienen reglamentos diferentes sobre estas materias, sería interesante saber en qué situación se encuentran dichos Estados, y qué actitud tomarán con respecto á este acuerdo.

El PRESIDENTE. Esta es una cuestión muy interesante. ¿Se desean hacer más observaciones? Si nó, sólo queda por resolverse la adopción del preámbulo.

El preámbulo fué aceptado.

El Doctor Guiteras dió lectura al artículo 1 en inglés y el Doctor Moore al castellano.

El PRESIDENTE. ¿Desea alguien hacer observaciones sobre el artículo 1?

Doctor GUITERAS. Deseo consultar el texto francés. Creo que se ha empleado una palabra equivocada en la traducción española. La palabra francesa es equivalente á la inglesa "confirmed." La traducción española no quiere decir lo mismo exactamente; es como sigue: "casos averiguados," que tiene un significado indefinido. La mejor traducción sería la palabra española equivalente á la inglesa "confirmed."

Doctor MOORE. Se ha hecho la corrección insertando la palabra española equivalente.

El artículo 1 fué aprobado.

Se dió lectura al artículo 2.

Doctor LAVORERÍA. Propongo que los distintos párrafos de este artículo sean discutidos por separado, en vez de serlo todo el artículo á un tiempo.

El PRESIDENTE. La indicación es muy buena.

Se leyó el siguiente párrafo:

ART. 2. Esta notificación irá acompañada, ó muy prontamente seguida, de reseñas circunstanciadas sobre:

1°. Lugar en donde la enfermedad apareció.

El PRESIDENTE. ¿Se desea hacer alguna observación sobre este párrafo? Si nó, se discutirá su aprobación.

El párrafo precedente fué adoptado.

Después se leyó el que sigue:

2°. Fecha de su aparición, origen y forma.

El PRESIDENTE. Habéis oído la lectura del 2° párrafo, deseaís hacer alguna observación?

Doctor GUITERAS. Se presenta la cuestión de la dificultad que hay algunas veces de descubrir el origen de la enfermedad. Así es que se sugiere que no se puede cumplir siempre con el requisito de dar el origen de la enfermedad. Contestamos á ello diciendo que si no se conoce el origen de la enfermedad, naturalmente no se puede precisar cuál es.

Este párrafo fué aprobado.

A continuación leyóse el siguiente:

3°. Número de casos comprobados y de defunciones.

Este párrafo fué aprobado.

Luego se dió lectura al siguiente:

4°. Para la peste: la existencia entre las ratas y ratones, de la peste ó de una mortandad insólita; para la fiebre amarilla, la existencia del *Stegomyia Fasciata.*

Este párrafo quedó aprobado.

Después se leyó el siguiente:

5°. Las medidas tomadas inmediatamente después de la primera aparición.

El PRESIDENTE. Espero que los miembros que hablan el inglés pongan especial atención á la traducción inglesa, porque, como el Doctor Guiteras dice, ha sido hecha apuradamente y puede tener errores. El Doctor Guiteras me rogó que hiciera esta declaración.

El párrafo precedente quedó aprobado.

El PRESIDENTE. Creo que ahora debemos aprobar el artículo 2 por entero, pues aún cuando ha sido leído por párrafos, ahora debemos discutir la aprobación del mismo en su totalidad. Se desea que la lectura de los siguientes artículos se haga por párrafos?

El Doctor GUITERAS. Ya se ha hecho esa petición.

Se dió lectura al siguiente:

ARTÍCULO 3. La notificación y las reseñas previstas en los artículos 1 y 2 serán dirigidas á los agentes diplomáticos ó consulares en la capital del país contaminado.

El PRESIDENTE. Esta es una cuestión muy importante. Entiendo que nada hay en esto que impida, por ejemplo, al Presidente de la Junta Superior de Sanidad de México para que telegrafíe al Cirujano General del Servicio de Sanidad Pública y Hospitales Marítimos de los Estados Unidos.

Doctor GUITERAS. Creo que nada hay que lo prohiba, pero tampoco hay nada que le obligue á hacerlo.

Dr. H. L. E. JOHNSON. ¿No se podría refomar este artículo de manera que la notificación sea enviada al Servicio de Sanidad Pública y Hospitales Maritimos de los Estados Unidos en vez del Departamento de Estado de los mismos?

El PRESIDENTE. La obtendríamos por medio del Departamento de Estado, y nada hay que impida que se envíe directamente al Servicio. Por ejemplo, yo telegrafío con frecuencia al Presidente de la Junta

Superior de Sanidad de Cuba y también al Presidente Licéaga, y ambos hacen lo mismo conmigo.

Doctor BARNET. Pido que se inserte un párrafo en ese artículo que comprenda la declaración que acaba de hacerse.

Doctor GATEWOOD. Propongo que la modificación proyectada esté concebida en los siguientes términos:

ARTÍCULO 3. La notificación y las reseñas previstas en los artículos 1 y 2 serán dirigidas á los agentes diplomáticos ó consulares en la capital del país contaminado. Entendiéndose que esto no es óbice para que los funcionarios de sanidad pública de los diversos países puedan comunicarse directamente.

Hago esta proposición con el fin de evitar las objeciones que se hacen en contra de la lentitud con que las informaciones pasan por las vías diplomáticas.

El PRESIDENTE. Habéis oído el párrafo conforme está reformado. ¿Se desea hacer más observaciones?

El párrafo fué aprobado con la modificación propuesta.

Después se leyó el párrafo que sigue:

A los paises que no tengan representación diplomática ó consular en el país contaminado, les serán transmitidas directunente por telégrafo.

Este párrafo fué aprobado.

Á continuación se dió lectura al artículo 4:

ARTÍCULO 4. La notificación y las reseñas previstas en los artículos 1 y 2 serán seguidas de comunicaciones ulteriores, dadas de un modo regular, con el fin de tener á los Gobiernos al corriente del curso de la epidemia.

Estas comunicaciones, que se harán por lo menos una vez á la semana y que serán tan completas como sea posible, indicarán más particularmente las precauciones tomadas con el fin de combatir la propagación de la enfermedad. Deben precisar (1) las medidas profilácticas tomadas con respecto á la inspección sanitaria ó la visita médica, al aislamiento y á la desinfección y (2) las medidas tomadas al salir los buques para impedir la exportación del mal, y especialmente, en el caso previsto en la fracción 4ª del artículo 2 arriba mencionado, las medidas tomadas contra las ratas y los mosquitos.

El PRESIDENTE. ¿Doctor Guiteras, quiere Vd. hacer el favor de decirnos si hemos llegado al fin del artículo 4?

Doctor GUITERAS. Sí; se ha leído todo el artículo 4.

El PRESIDENTE. El artículo 4 ha sido leído á la Convención, en inglés y en español, conforme ha sido reformado. Debemos resolver pues la aprobación del mismo en su totalidad.

El artículo fué aprobado.

El Doctor Moore dijo que no había nada especial en los diversos párrafos de cada artículo. Que creía que cada artículo debía leerse en su totalidad y después discutirse todo él de una vez.

Después se leyó el siguiente artículo:

ARTÍCULO 5. El pronto y sincero cumplimiento de las disposiciones que preceden es de importancia primordial. Las notificaciones no tienen valor real sino cuando cada Gobierno es prevenido el mismo, á tiempo, de los casos de peste, cólera ó fiebre amarilla, ó de los dudosos, sobrevenidos en su territorio. Nunca se recomendará demasiado á los gobiernos que hagan obligatoria la declaración de los casos de peste, cólera y fiebre amarilla y que den aviso de toda mortandad insólita comprobada de ratas ó ratones, particularmente en los puertos.

Doctor GATEWOOD. Señor Presidente, me parece que la palabra "sincero" debe ser sustituida por "franca," y "cumplimiento" por "consumación."

Dr. H. L. E. JOHNSON. ¿No sería mejor dejar las palabras que se han acordado? ¿Cómo está esa parte?

Doctor GUITERAS. Dice, "el pronto y sincero cumplimiento." Esto es mejor que "consumación," no cabe la menor duda.

Doctor GATEWOOD. "El pronto y fiel cumplimiento."

Doctor GUITERAS. Sí, "pronto y fiel."

El PRESIDENTE. ¿Está esto de acuerdo con el original?

Doctor GUITERAS. El original dice: "El rápido y fiel cumplimiento de las disposiciones que preceden es de importancia primordial." Después dice "casos dudosos sobrevenidos en su territorio."

El PRESIDENTE. "¿Casos dudosos?"

Doctor GUITERAS. Sí, "casos dudosos."

Doctor GATEWOOD. La palabra "sospechosos" sería mejor que "dudosos."

Doctor GUITERAS. Sí, lo es.

Doctor GATEWOOD. Quisiera saber qué valor tiene la palabra "insólito" con respecto á mortandad. ¿No sería mejor la palabra "anormal?"

Doctor GUITERAS. Muy bien. Sustituyendo esas palabras, el artículo dice:

El pronto y fiel cumplimiento de las disposiciones que preceden es de importancia primordial. Las notificaciones no tienen valor real sino cuando se previene cada Gobierno, á tiempo, de los casos de peste, cólera y fiebre amarilla, ó de los sospechosos, sobrevenidos en su territorio. Nunca se recomendará demasiado á los Gobiernos que hagan obligatoria la declaración de los casos de peste, cólera y fiebre amarilla, y que den aviso de toda mortandad anormal comprobada de ratas ó ratones, especialmente en los puertos.

El PRESIDENTE. ¿Es ese todo un artículo, ó sólo un párrafo?

Doctor GUITERAS. Es todo el artículo 5. Deseo hablar sobre este artículo, Señor Presidente, únicamente con respecto á la traducción española.

Aquí el Doctor Guiteras habló en español.

Doctor GUITERAS. Eso es todo, Señor Presidente, sólo quise mencionar las correcciones verbales.

El Doctor Moore leyó el artículo 5 en español conforme quedó corregido.

El PRESIDENTE. Habéis oído el artículo 5. La cuestión está ahora en discutir su adopción.

El artículo 5 fué aprobado.

El PRESIDENTE. Antes de seguir adelante, deseo preguntar al Doctor Guiteras cómo se ha de firmar la convención, en pergamino ó en una galerada, ó en una copia mecanografiada. Porque si ha de ser en pergamino ó en impreso, tendrémos que tomar medidas especiales para que se haga cuanto antes. Se emplearía algún tiempo en preparar la copia en pergamino ó impresa, por lo que sería conveniente que á medida que terminemos cada una de estas hojas, las vayamos entregando al representante oficial de la Oficina de las Repúblicas Americanas para que sean transcritas en ella y de este modo estarán listas para mañana. Supongo que todos los delegados querrán firmar dicha convención antes de marcharse, y sería muy difícil preparar la copia para mañana por la tarde.

Doctor GUITERAS. He propuesto que tuviéramos aquí dos personas que escribieran estos artículos á medida que se aprueban, una que escribiera en inglés y otra en español, pero me parece que la indicación de Vd. debe ser aceptada, y que las hojas se vayan entregando á medida que se aprueban.

El PRESIDENTE. ¿Desea la Convención que se escriban los artículos en pergamino?

Doctor GUITERAS. Creo que nó. Desde luego que si pudiera hacerse en pergamino sería mejor, pero supongo que esto no es factible.

El PRESIDENTE. Podría serlo.

En esta parte los Doctores Ulloa y Licéaga hicieron uso de la palabra.

El PRESIDENTE. Si Vds. no tienen inconveniente, las hojas en español y en inglés que se hayan terminado serán entregadas al Oficial Mayor de la Oficina de las Repúblicas Americanas para que sean transcritas en pergamino. Creo que hay algunas hojas terminadas.

Doctor GUITERAS. Sí, señor.

El PRESIDENTE. (Después de una conversación en privado que sostuvieron los delegados). Ruego al Doctor Guiteras que haga alguna indicación sobre la parte preliminar de este documento, porque se entregará ahora al escribiente para que la copie. Creo que esto está muy claro ahora. Sólo queda por decidirse si se ha de hacer este documento en pergamino ó en copias mecanografiadas.

En esta parte los delegados sostuvieron una conversación en privado.

El PRESIDENTE. Vds. comprenden el objeto, y no será necesario ponerlo á votación. A menos que haya algún inconveniente, el procedimiento será que la primera parte del documento presentado por la comisión redactada de manera satisfactoria para ésta y en forma adecuada para ser copiada por el escribiente, será mecanografiada en buen papel grueso, haciéndose una copia en inglés y otra en castellano. También se acompañará á dicho documento un certificado sobre la exactitud de las traducciones.

Ahora se dará lectura al artículo 6.

Este artículo fué leído en inglés por el Doctor Guiteras y en castellano por el Doctor Moore.

ARTÍCULO 6. Se entenderá que los países vecinos se reservan el derecho de hacer arreglos especiales con el fin de organizar un servicio de observaciones directas entre los jefes de las administraciones de las fronteras.

El Doctor Lavorería hizo uso de la palabra.

Este artículo fué aprobado.

Doctor GUITERAS. Ahora llegamos á la sección segunda. Su título es: "Condiciones que permiten considerar una circunscripción territorial como contaminada ó como que ha vuelto á quedar sana." Esto no significa nada.

Se sostuvo una discusión en privado entre los miembros.

Doctor GUITERAS. Hemos modificado este título de manera que se lea como sigue: "Condiciones que permiten que un territorio determinado se considere como contaminado, ó como libre ya de la enfirmedad.

ARTÍCULO 7. La notificación de un primer caso de peste, cólera ó fiebre amarilla no impone, contra la circunscripción territorial donde ha ocurrido, la aplicación de las medidas previstas en el capítulo que sigue.

El PRESIDENTE. Allí se usa la palabra "capítulo," y es la primera vez que la oigo.

Doctor GATEWOOD. Esta es la sección segunda del capítulo primero.

Doctor GUITERAS. Eso es. Volveré á leer este artículo hasta el final:

ARTÍCULO 7. La notificación de un primer caso de peste, cólera ó fiebre amarilla no impone, contra la circunscripción territorial donde ha ocurrido, la aplicación de las medidas previstas en el capítulo que sigue.

Pero al ocurrir muchos casos de peste ó fiebre amarilla, no importados, ó cuando los casos de cólera constituyen un foco, la circunscripción se declarará contaminada.

Doctor GUITERAS. Deseo hacer uso de la palabra. Solamente quiero hacer notar que estamos decidiendo si un solo caso de fiebre amarilla no importado es suficiente para declarar una circunscripción contaminada. Siento decir que no tengo una opinión positiva sobre el particular, pero quisiera que la Conferencia estudie el asunto y decida con precisión lo que sea exacto. Se dice que es preciso que ocurran varios casos de peste antes de que se declare un sitio contaminado. Se dice que los casos de cólera deben ser bastantes para constituir un foco antes de que se declare un lugar infectado. Vamos á decidir si un caso de fiebre amarilla es bastante para que el lugar en donde ha ocurrido sea declarado contaminado. Ciertamente que, si la moderna teoría de la transmisión de la fiebre amarilla se entendiera generalmente, y todos estuvieran conformes en llevar á efecto las medidas contra la propagación de la misma, me opondría á que se declare un sitio infectado porque en él ocurrió un solo caso no importado; pero como en algunas partes se duda mucho de la aplicación de la moderna teoría mencionada, me inclino más bien á apoyar la adopción de esa medida, que un solo caso de fiebre amarilla es bastante para declarar un sitio como contaminado. Quisiera oir la opinión del Doctor Licéaga sobre el particular.

El Doctor Licéaga manifestó que se hallaba en favor del artículo en cuestión, tal como está en la Convención, porque tiene la plena convicción de la exactitud de la doctrina de la infección de la fiebre amarilla por medio del mosquito, y cree que un solo caso de fiebre amarilla es suficiente para infectar bastantes mosquitos que produzcan un buen número de casos de la enfermedad. El opinaba que, estando nosotros interesados en la extinción de la fiebre amarilla en el continente americano, este artículo debía dejarse tal como está.

El PRESIDENTE. Creo que no se menciona, ó aún no se ha mencionado, la extensión del area, por lo que se debe aclarar este punto, y creo que lo mejor sería leer lo que viene más adelante relativo á la extensión del area contaminada, y después volver á discutir esta cuestión y ponerla á votación.

Doctor GUITERAS. Aquí dice "circunscripción territorial," es decir, cualquier área territorial.

El PRESIDENTE. ¿Significa eso una casa, una manzana ó un acre?

Doctor GUITERAS. El siguiente artículo lo define. Voy á leerlo.

El PRESIDENTE. Lea lo que dice el siguiente artículo.

Doctor GUITERAS. Dice:

Se entiende por la palabra "circunscripción" una parte del territorio bien determinada en las reseñas que se acompañen ó sigan á la notificación, así: Una provincia, un "gobierno," un distrito, un departamento, un cantón, una isla, una comuna, una ciudad, un barrio de una ciudad, una aldea, un puerto, un polder, una aglomeración, etc., cualesquiera que sean la extensión y la población de esas porciones de territorio.

El PRESIDENTE. Es evidente, pues, de esa claúsula que la extensión de la circunscripción contaminada debe ser indicada prontamente. ¿Ha terminado Vd. la lectura de ese artículo?

Doctor GUITERAS. Hemos discutido la cuestión de si un caso de fiebre amarilla es suficiente para declarar una circunscripción contaminada, y los delegados que hablan el español parecen ser de la opinión de que un caso es suficiente para que se declare un sitio infectado.

El PRESIDENTE. Creo que los delegados que hablan el inglés estarán de acuerdo.

Doctor GUITERAS. Entonces el artículo 7 queda conforme está.

Dióse lectura de nuevo al artículo 7, como sigue:

ARTÍCULO 7. La notificación de un primer caso de peste, cólera ó fiebre amarilla no impone, contra la circunscripción territorial donde ha ocurrido, la aplicación de las medidas provistas en el artículo que sigue.

Pero al ocurrir muchos casos de peste ó fiebre amarilla, no importados, ó cuando los casos de cólera constituyen un foco, la circunscripción se declara contaminada.

El PRESIDENTE. Ahora se pone á votación la adopción de este artículo.

Discutióse la cuestión y el artículo fué aprobado.

Doctor GUITERAS. Ahora sigue el artículo 8.

ARTÍCULO 8. Para limitar las medidas á las regiones atacadas solamente, los Gobiernos no deben aplicarlas más que á las procedencias de las circunscripciones contaminadas.

"Se entiende por 'circunscripción' una parte del territorio bien determinada en las reseñas que acompañen ó sigan á la notificación, así: una provincia, un 'gobierno,' un distrito, un departamento, un cantón, una isla, una comuna, una ciudad, un barrio de una ciudad, una aldea, un puerto, un polder, una aglomeración, etc., cualesquiera que sean la extensión y la población de esas porciones de territorio."

Pero esta restricción limitada á la circunscripción contaminada no debe ser aceptada, sino con la condición formal de que el Gobierno del país contaminado, tome las medidas necesarias: Primero, para impedir, á menos de desinfección previa, la exportación de los objetos á que se refieren los incisos 1 y 2 del artículo 12, procedentes de la circunscripción contaminada.

Doctor ULLOA. ¿Cómo está eso?

Doctor GUITERAS. ¿Cómo se pueden impedir los artículos procedentes por medio de la desinfección?

Doctor ULLOA. Eso quiere decir que se impida la exportación de los artículos de la circunscripción contaminada. Lo mejor es cambiar la palabra inglesa "articles" por "objects."

Doctor GUITERAS. ¿Se impide la procedencia mediante la desinfección? Nó. Dice el texto, "impedir la procedencia de la circunscripción mediante la desinfección." Esto no es exacto, por más que está así en el texto francés también. Este dice, "prevenir la importación de artículos por medio de la desinfección preliminar de los mismos." Esto és muy extraño. Evidentemente hay un error.

Los delegados sostuvieron una discusión privada.

Doctor GUITERAS. Hemos modificado este párrafo de manera que se lea como sigue:

Pero esta restricción, limitada á la circunscripción contaminada, no debe ser aceptada sino con la condición formal de que el Gobierno del país contaminado tome las medidas necesarias, primero para impedir, á menos que se hayan desinfectado, previamente, la exportación de los objetos mencionados en los incísos 1 y 2 del artículo 12, procedentes de la circunscripción contaminada.

Y más adelante:

Y segundo, para combatir la propagación de la epidemia, y con la condición de que no haya duda que las autoridades sanitarias han cumplido fielmente con el artículo 1 de esta Convención.

Cuando una circunscripción esté contaminada, no se tomará medida restrictiva alguna contra las procedencias de esa circunscripción, si dichas procedencias la han dejado cinco días, por lo menos, antes del principio de la epidemia.

Se volvió á leer el artículo 8 desde el principio hasta el fin. El Doctor Guiteras lo leyó en inglés y el Doctor Moore en español.

El PRESIDENTE. Habeís oído la lectura de ese artículo. ¿Están Vds. dispuestos para discutirlo?

El artículo fué aprobado después de la debida discusión.

Doctor GEDDINGS. Pido la palabra.

El PRESIDENTE. El Doctor Geddings tiene la palabra.

Doctor GEDDINGS. Senor Presidente, señores, es un hecho evidente el de que, debido á la prisa en que este proyecto de convención ha sido preparado, hay verdadera necesidad de editarlo en forma para perfeccionarlo, y estamos sacrificando todo el tiempo de esta conferencia para hacer las correcciones que la comisión debería hacer. Por lo tanto, tengo el honor de proponer que se suspenda la sesión y que el texto de esta convención sea devuleto á dicha comisión para que la revise esta noche y la presente en forma corregida en la sesión de mañana.

Y pido también, señor Presidente, que se añada el nombre del Doctor Moore, el delegado de Chile, á esa comisión para el objeto que acabo de mencionar, si es que él no tiene inconveniente y ello le place.

El Doctor Moore dió su consentimiento.

El PRESIDENTE. ¿Se desea hacer algunas observaciones sobre la propuesta del Doctor Geddings? Si nó, la daré curso.

Después de la discusión debida, la propuesta fué aprobada.

Por lo que la Convención suspendió la sesión á las 5.25 p. m. para volverse á reunir mañana, 13 de octubre, á las 9.30 a. m.

CUARTO DÍA—VIÉRNES, 13 DE OCTUBRE.

Sesión de la mañana.

El Presidente, Cirujano General Wyman, declaró abierta la sesión á las 10:30 de la mañana.

El acta de la sesión anterior, del 12 de octubre, fué leída por el secretario, y quedó aprobada sin modificaciones.

El PRESIDENTE. Ruego al presidente de la junta consultora que lea el informe que tenga preparado.

Se leyó el siguiente:

La junta recomienda que los vice-presidentes de la última convención sigan siéndolo en ésta, excepto en los casos en que los representantes sean otros, en los cuales los nuevos delegados sustituirán á los anteriores.

En los casos de las repúblicas que estuvieron representadas en la última conferencia y no lo están en la presente, no se nombrarán vicepresidentes.

La junta recomienda además que los respectivos delegados de los países que están representados en esta convención por la primera vez, sean nombrados vicepresidentes también.

2. Que continue funcionando la Oficina Sanitaria Internacional conforme quedó constituída en la última conferencia.

3. Que las resoluciones presentadas por el Doctor Guiteras relativas á la impresion de 5,000 copias de la Farmacopea de los Estados Unidos, sean recomendadas para su aprobación.

Doctor GUITERAS. La comisión redactora está dispuesta á informar sobre la convención proyectada.

Doctor BARNETT. Pido que el informe sea aprobado.

Esta propuesta fué apoyada.

El PRESIDENTE. ¿Hay objeciones contra esta propuesta? Si nó, la daré curso.

Doctor GUITERAS. Pido la palabra.

El PRESIDENTE. El Doctor Guiteras tiene la palabra.

Doctor GUITERAS. Deseo someter algunas resoluciones á la consideración de la conferencia.

Por cuanto que la República de México y la Zona del Canal de Panama, mediante la aplicación de la doctrina del mosquito al saneamiento público, están aproximándose rápidamente á la consecución del exterminio final de la fiebre amarilla;

Por cuanto que la República de Cuba, mediante la aplicación de los mismos métodos, ha conservado su territorio libre de dicha fiebre;

Por cuanto que la falta de preparación para la aplicación perfecta de estos métodos ha sido la causa de la propagación de la fiebre en varios territorios; y

Por cuanto que gracias á la aplicación de los mismos métodos en la ciudad de Nueva Orleans se ha combatido y se está reduciendo gradualmente la epidemia de fiebre amarilla, que desgraciadamente las autoridades permitieron que tomara pie firme en ella, la mayor de las poblaciones propensas que hasta ahora se han expuesto á esta fiebre; por lo tanto,

Se resuelve: 1. Que esta conferencia considera que estos resultados son más pruebas que confirman la exactitud de la doctrina de que la fiebre amarilla se trasmite solamente por la picadura de un mosquito infectado;

2. Que la conferencia es de opinión que sobre la base de esta doctrina puede establecerse fácilmente un plan eficaz de defensa contra la propagación de la fiebre amarilla al comienzo de una epidemia;

3. Que el éxito de este plan depende de la perfecta comprensión, por parte del pueblo, de la doctrina citada, y del apoyo que presten notificando pronta y francamente los primeros casos que ocurran, así como los sospechosos, y atendiéndolos debidamente;

4. Que las autoridades que no dén aviso inmediato de los casos de fiebre amarilla, son merecedoras de las censuras de esta conferencia;

5. Que esta conferencia dé la enhorabuena á las Repúblicas de México y Cuba y á la Zona del Canal de Panamá por los éxitos obtenidos, así como también al Servicio de Sanidad Pública y Hospitales Marítimos de los Estados Unidos por el brillante trabajo realizado en Nueva Orleans;

Se resuelve además, que esta conferencia opina que las cuarentenas marítimas y la dirección de las campañas contra toda clase de epidemias que amenacen extenderse á los estados y países vecinos, sean encomendadas á las autoridades nacionales de sanidad.

El PRES DENTE. Estas resoluciones serán sometidas á la junta consultora. Se desea someter alguna otra propuesta á la consideración de la Conferencia antes de que continuemos la discusión de los artículos de la proyectada convención que estabamos considerando al suspender la sesión de ayer?

De ser así seguirémos leyendo los artículos de la Convención de París, que espero será firmada por todos. Creo que sería conveniente empezar con el artículo siguiente al último que adoptamos, y el procedimiento será el mismo que antes, leyéndose los artículos en inglés y en español.

Doctor GUITERAS. Pido que así se ordene.

El PRESIDENTE. Entonces, si todos están dispuestos, se leerá el artículo 9.

Se dió, pues, lectura al siguiente:

ARTÍCULO 9. Para que una circunscripción deje de ser considerada como contaminada, es preciso la comprobación oficial: 1º. De que no ha habido ni defunciones ni casos nuevos de peste ó cólera durante los cinco días siguientes al aislamiento, muerte ó curación del último pestoso ó colérico. En caso de fiebre amarilla el período será de dieciocho días, entendiéndose que cada Gobierno se reserva el derecho de prolongar este período.

Doctor GUITERAS. Aquí hay una nota que define la palabra "aislamiento." Dice así:

NOTA.—La palabra "aislamiento" significa aislamiento del enfermo, y de las personas que lo cuidan constantemente, y prohibición de visitas de otras personas, excepto el médico.

Señor Presidente, supongo que si tengo algunas observaciones que hacer, las puedo exponer ahora.

El PRESIDENTE. Sí, señor.

Doctor GUITERAS. Deseo hacer constar que hemos evitado añadir nada que no esté en la Convención de París, excepto lo relativo á la fiebre amarilla, lo cual es de la incumbencia exclusiva del continente americano. Pero en este caso tenemos algo que decir con respecto á las últimas palabras de la nota. Estas palabras son "excepto el médico." La definición dada en la nota de la Convención de París prohibe, realmente, que el médico visite al enfermo, por que dice: "el aislamiento del enfermo y de las personas que lo cuidan constantemente y prohibición de visitas de otras personas." Esto incluye hasta el médico, por lo que hemos añadido las palabras "excepto el médico."

Dice además el artículo 9:

2º. Que todas las medidas de desinfección se han aplicado; si se trata de los casos de peste, que se han ejecutado las medidas contra las ratas, y en los casos de fiebre amarilla que se han puesto en práctica las medidas contra los mosquitos.

El PRESIDENTE. Ayer acordamos que se añadiera algo más á la definición de la palabra "aislamiento," lo cual no se incluyó en la

copia inglesa por una inadvertencia, por lo que deseo que se añada ahora. Se refiere especialmente á la fiebre amarilla. Ésta es la adición propuesta:

En los casos de fiebre amarilla se entiende por "aislamiento" la incomunicación del enfermo en una habitación resguardada de tal manera que impida el acceso á los mosquitos.

Esta adición se leyó en la copia española, y nos olvidamos ayer de insertarla en la copia inglesa.

El Presidente. Habéis oído la lectura de esta adición. Hay alguna objeción contra ella?

Doctor Ulloa. No estoy del todo conforme con este artículo según se ha leído, y al efecto propongo que con relación á la peste bubónica se deje este artículo tal como está en el original francés, tal como fué aprobado por el Congreso Higiénico de París. Soy de la opinión que se debe excluir al médico de esas visitas porque tanto como cualquiera otro puede llevar la infección.

El Presidente. Apoya alguien la propuesta del Doctor Ulloa?

Doctor Guiteras. La apoyaré para los fines de la discusión.

Aquí hicieron uso de la palabra los Doctores Guiteras y Licéaga.

El Presidente. El Doctor Ulloa interpretará las observaciones del Doctor Licéaga al inglés.

Las observaciones del Doctor Licéaga fueron interpretadas al inglés por el Doctor Ulloa.

Doctor Ulloa. El Doctor Licéaga ha dicho haciendo referencia á mi propuesta, que cuando un médico va á visitar un caso de peste, toma, como es natural, todas las precauciones necesarias para la ocasión; y el Doctor Guiteras añadió que sería mejor no hacer la alteración propuesta por mí, porque los médicos son llamados y tienen que ser llamados para hacer el diagnóstico de la peste en muchos casos, y, como es claro, se les permite hacerlo. En contestación á estas declaraciones digo que la Conferencia de París tendría sus motivos para dejar el artículo tal como está, y no veo la razón por que hayamos de alterarlo. Claro está que respeto las opiniones de personas como el Doctor Licéaga y el Doctor Guiteras; pero tratándose de la peste bubónica, para que las medidas tengan efecto en la América Española, creo que los casos deben aislarse perfectamente, y el médico que los asiste debe quedarse con los enfermos. En caso de aislamiento, naturalmente, un médico podría entrar y desinfectarse antes de ponerse en contacto con otras personas.

Doctor Guiteras. El médico no podría entrar en absoluto de acuerdo con ese artículo, y esto és lo que queremos evitar. Si se deja el artículo como estaba, no podría permitirse ninguna clase de visitas.

El Presidente. Ruego al Doctor Geddings, que exponga su opinión sobre el particular, ya que él estuvo presente en la Conferencia de París.

Doctor Geddings. Yo estaba presente cuando se firmó esa Convención y creo que las palabras de esa nota, que no es más que una nota al pie, se dejaron por una simple inadvertencia. Pero aparte de esto, como interesado que estoy en la ciencia higiénica, objeto y, como médico, protesto, con todo el respeto debido á nuestro estimado colega, el Doctor Ulloa, contra esa restricción á las funciones profesionales de un médico que implica la alteración propuesta por el Doctor Ulloa. Por espacio de años y más años, desde el comienzo de la medicina, los médicos han considerado, no sólo como un sagrado

deber, sino también como un privilegio, el visitar al enfermo, sin miramiento al mal de que esté atacado y sin temor de arriesgarse ellos mismos, y, tomando las precauciones necesarias con respecto á otros, han seguido prestando sus servicios. Y ahora pregunto á esta Conferencia, compuesta de personas de experiencia, si sabe de algún caso en que la infección de una enfermedad contagiosa, como viruela, escarlatina, peste bubónica, sarampión, etc., haya sido comunicada por el médico que sale del cuarto del enfermo.

Espero sinceramente que esta Convención aprobará esta nota al pie tal como ha sido modificada por la comisión y que no restringirá la utilidad y eficacia de los servicios de un médico, en menoscabo de su dignidad, haciendo que se quede con el enfermo durante el aislamiento, y exigiendo de este modo que cada caso de peste, cólera, ó fiebre amarilla tenga un facultativo especial.

El Presidente. Se desean hacer más observaciones sobre la propuesta del Doctor Ulloa? Si no, discutirémos la cuestión.

Discutióse la propuesta del Doctor Ulloa, quedando desaprobada.

El Doctor Barnet propuso que se alterara esta nota borrando á palabra "constantemente."

Doctor Guiteras. Apoyo la propuesta del Doctor Barnet.

Aprobóse esta proposición después de ser discutida.

El Presidente. Se desean hacer más observaciones sobre este artículo?

Aquí hizo uso de la palabra el Doctor Lavorería.

Doctor Guiteras. El Doctor Lavorería ha dicho que no se ha levantado para hacer una objeción, sino para pedir que se le explique la razón por qué hemos fijado el período de dieciocho días en los casos de fiebre amarilla. Con vuestro permiso le daré esta explicación.

El Presidente. El Doctor Guiteras explicará eso.

El Doctor Guiteras hizo uso de la palabra en castellano.

El Presidente. Desgraciadamente no tenemos en esta Convención ningún taquígrafo español. El Señor Fox, Director de la Oficina de las Repúblicas Americanas, ha hecho todo lo posible por conseguir uno, así como también algunos de nosotros, pero nuestros esfuerzos no han tenido éxito, por lo que los discursos en castellano tendrán que ser traducidos al inglés. La explicación que ha hecho el Doctor Guiteras debe ser muy interesante y creo que debe constar en las actas, por lo que debe traducirse. Me hará Vd. el favor, Doctor Guiteras, de interpretar lo que acaba de decir?

Doctor Guiteras. Trataré de ser todo lo breve posible. Se ha fijado el período de diez y ocho días, sin que ocurra ningún caso de fiebre de amarilla, antes de que pueda considerarse una localidad libre de la epidemia. Este período se ha fijado sobre una base científica, tomando en consideración los períodos intrínseco y estrínseco de la incubación, es decir, se pasan doce días desde que el mosquito ha picado á la última persona afectada hasta que está dispuesto á producir un nuevo caso. Después que pica á una persona sana se pasan seis días antes de que la fiebre se desarrolle en esta persona. Doce y seis son diez y ocho. Así pues, después del término de los diez y ocho días se puede considerar un sitio como libre de la epidemia. Desde luego, estamos tratando de una sola localidad. Tomemos, por ejemplo, el caso de Tampa, Florida. Después de diez y ocho días se declaró Tampa libre de la fiebre amarilla; estabamos seguros y no había duda sobre ello.

Ahora hemos añadido aquí la disposición de que las autoridades podrán prolongar este período de expectación, antes de declarar un sitio libre de la fiebre amarilla, que puedan extenderlo ad libitum, porque hemos considerado que en los sitios en que la fiebre amarilla prevalece de ordinario—mejor dicho, es endémica—el número de las personas inmunes es tan grande que puede haber un número considerable, ó bastante considerable, de mosquitos que todavía pululen por la localidad sin comunicar la fiebre amarilla, á causa de la inmunidad de los habitantes y en cualquier tiempo podríamos ser sorprendidos por un caso de fiebre. Hemos concedido por lo tanto esta facultad para prolongar el período de la expectación, por todo el verano si así lo creen conveniente las autoridades. De todos modos, se les dá libertad para que extiendan ese período.

El PRESIDENTE. Me parece que esta explicación es muy clara. Sin embargo, deseo hacer una pregunta al Doctor Guiteras, y es sobre si el hecho de la entrada del invierno se debe tener en cuenta en este particular. Según lo entiendo aquí se ha fijado el período de diez y ocho días. Es costumbre en los Estados Unidos suspender todas las medidas de precaución en cuanto ha entrado el invierno.

Doctor GUITERAS. Ese período puede ser menor á la discreción de las autoridades. La disposición está en esta forma.

El PRESIDENTE. Se desean hacer más observaciones sobre este artículo? Si no, discutiremos su aprobación.

El artículo fué aprobado.

El PRESIDENTE. Ha quedado adoptado este artículo. Ahora viene el Capítulo 2.

CAPÍTULO II. Medidas de defensa por los otros países contra los territorios declarados contaminados.

SECCIÓN 1. Publicación de las medidas prescritas.

ARTÍCULO 10. El Gobierno de cada país está obligadó á publicar inmediatamente las medidas que crea deber prescribir con motivo de las procedencias de un país ó de una circunscripción contaminada.

Comunicará en el acto esta publicación al agente diplomático ó consular del país contaminado, residente en su capital, así como á los consejos sanitarios internacionales.

Está igualmente obligado á hacer conocer, por las mismas vías la retirada de estas medidas ó las modificaciones de que hayan sido objeto. A falta de agente diplomático ó consular, en la capital, las comunicaciones se harán directamente al Gobierno del país interesado.

El PRESIDENTE. Se desean hacer comentarios sobre este artículo? Estáis dispuestos para discutir su adopción?

El artículo fué adoptado.

Doctor GUITERAS. Lo siguiente es esto:

SECCIÓN 2. Mercancías, desinfección, importación y tránsito, equipajes.

ARTÍCULO 11. No existen mercancías que sean por sí mismas capaces de transmitir la peste, el cólera, ó la fiebre amarilla. No son peligrosas sino en el caso en que hayan sido ensuciadas con productos pestosos ó coléricos, ó en el caso de fiebre amarilla, cuando sean criadero de mosquitos.

El PRESIDENTE. Se desean hacer observaciones en este artículo?

El artículo fué adoptado.

ARTÍCULO 12. Las mercancías ó efectos no serán desinfectados á causa de la fiebre amarilla, sino en los casos previstos en el artículo anterior en los que el vehículo de transmisión podrá ser fumigado para la destrucción de los mosquitos.

En los casos de peste ó cólera, la disinfección no deberá aplicarse más que á las mercancías ú objetos que la autoridad sanitaria local considere como contaminadas.

Doctor GUITERAS. Este artículo es de bastante importancia, y pido que sea divido en párrafos. Lo volveré á leer.

El PRESIDENTE. Está bien.

Doctor GUITERAS. Dice parte del artículo 12:

* * * en los casos previstos en el artículo anterior——

Es decir, cuando las mercancías sean criadero de mosquitos——

en los que el vehículo de transmisión podrá ser fumigado para la destrucción de mosquitos. En los casos de peste ó cólera, la desinfección no deberá aplicarse más que á las mercancías ú objetos que la autoridad sanitaria local considere como contaminadas.

Este párrafo fué leído en castellano por el Doctor Moore.

El PRESIDENTE. Habéis oido la lectura de estos dos párrafos. Deseáis hacer alguna observación? Si no discutirémos su aprobación.

Los dos párrafos precedentes del artículo 12 fueron aprobados.

Doctor GUITERAS. El siguiente párrafo es:

Sin embargo, las mercancías y objetos enumerados después, pueden ser sometidos á la desinfección, y hasta prohibirse su entrada, independientemente de toda comprobación, estén ó nó contaminados:

1. La ropa interior, las prendas de vestir, en uso, y la ropa de cama ya usada. Cuando estos objectos son trasportados como equipaje ó á consecuencia de un cambio de domicilio (muebles), no podrán ser prohibidos y se someterán al régimen del artículo 19. Los paquetes dejados por los soldados ó marinos y remitidos á su patria, después de la defunción, se asimilarán á los objetos comprendidos en el párrafo primero del inciso primero.

2. Los trapos viejos, con excepción hecha, en lo relativo á los casos de cólera, de los trapos viejos comprimidos que se transportan, en grandes cantidades como mercancía, en fardos afianzados con flejes. No deberán ser detenidos los desperdicios nuevos que provienen directamente de los talleres de filatura, de fábricas ó de tintorerías, ni tampoco las lanas artificalies ó resortes de papel nuevo.

El PRESIDENTE. Es ese el final del artículo 12?

Doctor GUITERAS. Sí, señor.

Después de una discusión en castellano, se hicieron varios cambios verbales en la traducción española, y el Doctor Moore leyó el artículo otra vez conforme quedó corregido.

El PRESIDENTE. Deseáis hacer algunas observaciones? Si no, supongo que estaréis dispuestos para la discusión de este artículo conforme ha sido presentado en inglés y según se ha corregido en castellano.

El artículo fué aprobado.

Doctor GUITERAS. El artículo 13 es como sigue:

ARTÍCULO 13. En caso de peste ó cólera no hay razón para prohibir el tránsito de las mercancías y efestos enumerados en los, incisos 1 y 2 del artículo precedente, á través de un distrito contaminado, si están embalados de tal modo que no puedan ser infectados durante el camino.

De la misma manera, cuando las mercancías ú objetos son transportados de tal forma que durante el camino no lleguen en contacto con objetos contaminados, su tránsito á través de una circunscripción territorial contaminada no será obstáculo para su entrada en el país á que están destinados.

Doctor ULLOA. Propongo que se cambie la palabra "embalados" por "empacados." No todo se puede embalar.

Doctor GUITERAS. Debemos insertar la palabra "empacados" en lugar de "embalados?" Qué le parece, Doctor Geddings?

Doctor GEDDINGS. Creo que la palabra adecuada es "empacados." Así lo pensé cuando se estaba leyendo el artículo.

Doctor GUITERAS. La comisión aceptará la indicación del Doctor Ulloa, haciendo el cambio propuesto.

El artículo fué aprobado con el cambio introducido.

Doctor GUITERAS. Leeré el siguiente artículo:

ARTÍCULO 14. Las mercancías y objetos especificados en los incisos 1 y 2 del artículo 12 no caen bajo la aplicación de las medidas de prohibición á la entrada, si se demuestra á la

autoridad del país de destino que han sido expedidos cinco días, por lo menos, antes del principio de la epidemia.

Este artículo fué aprobado.

Doctor GUITERAS. El artículo 15 es como sigue:

ARTICULO 15. El modo y sitio de la desinfección, así como los procedimientos que deberán emplearse para asegurar la destrucción de ratas, se fijarán por la autoridad del país de destino. Estas operaciones deberán hacerse en tal forma que los objetos se deterioren lo menos posible.

Corresponde á cada Estado arreglar la cuestión relativa al pago eventual de indemnización por los daños que resulten de la desinfección ó de la destrucción de ratas.

Si con ocasión de las medidas tomadas para asegurar la destrucción de ratas á bordo de los buques, la autoridad sanitaria percibe algunos impuestos, sea directamente, sea por medio de una compañía por medio de un particular, el importe de este impuesto se fijará en una tarifa publicada de antemano y establecida de manera que no pueda resultar de su aplicación una fuente de beneficios para el Estado ó para la Administración Sanitaria.

El PRESIDENTE. ¿Se desean hacer comentarios sobre este artículo?

Entonces se sostuvo una discusión en castellano entre los delegados.

Doctor GUITERAS. Traduciré las observaciones que el delegado del Ecuador, Doctor Alcivar, ha hecho. Este señor sugiere que se inserte en este artículo la palabra "mosquitos." Propone la adición de las palabras "y mosquitos," de modo que se lea como sigue:

ARTÍCULO 15. El modo y sitio de la desinfección, así como los procedimientos que deberán emplearse para asegurar la destrucción de ratas y mosquitos, se fijarán por la autoridad del país de destino. Estas operaciones deberán hacerse en tal forma que los objetos se deterioren lo menos posible.

El PRESIDENTE. Según lo entiendo, esta es una resolución propuesta por el Doctor Alcivar para que el artículo quede modificado en esa forma.

Doctor GUITERAS. Es una indicación que hace el Doctor Alcivar. Propone que se inserten las palabras "y mosquitos" en donde aparezcan las palabras "la destrucción de ratas," de manera que se lea "ratas y mosquitos," quedando el artículo 15 en la forma siguiente:

ARTÍCULO 15. El modo y sitio de la desinfección, así como los procedimientos que deberán emplearse para asegurar la destrucción de ratas y mosquitos, se fijarán por la autoridad del país de destino. Estas operaciones deberán hacerse en tal forma que los objetos se deterioren lo menos posible.

Corresponde á cada Estado arreglar la cuestión relativa al pago eventual de indemnización por los daños que resulten de la desinfección ó de la destrucción de ratas y mosquitos.

Si con ocasión de las medidas tomadas para asegurar la destrucción de ratas y mosquitos á bordo de los buques, la autoridad sanitaria percibe algunos impuestos, sea directamente, sea por medio de una compañía ó por medio de un particular, el importe de este impuesto se fijará en una tarifa publicada de antemano y establecida de manera que no pueda resultar de su aplicación una fuente de ingresos para el Estado ó para la administración sanitaria.

El PRESIDENTE. ¿Están Vds. dispuestos para la discusión?

El Doctor Lavorería hizo uso de la palabra en castellano, interpretándole el Doctor Ulloa.

El Doctor Lavorería dijo que esta era una cuestión de traducción, de fijar en términos claros el significado del artículo en español. Dijo que en castellano podrían darse dos interpretaciones á este artículo. Algunos podrían entender que el país al cual van destinadas las mercancías puede autorizar al país de donde provienen para hacer uso de ciertas desinfecciones, pero lo propio sería que el país de donde provienen dichas mercancías sea el que ponga en vigor las medidas para desinfectar esos artículos. Dijo que él creía era principalmente una cuestión de interpretación.

Doctor GUITERAS. La cuestión es muy delicada, y con el fin de aclararla pondré un ejemplo: Digamos que esto significa que si Perú

tiene una epidemia de peste, Chile debería decir á Perú el modo cómo tiene que manejar estas cosas.

El PRESIDENTE. ¿Es esa su manera de interpretarlo?

Doctor GUITERAS. Sí, señor; esa es la interpretación que le doy. Dice el artículo: "El modo y sitio de la desinfección, así como los procedimientos que deberán emplearse para asegurar la destrucción de ratas y mosquitos, se fijarán por la autoridad del país de destino." En el caso de artículos destinados á los Estados Unidos y provenientes de Cuba, aquéllos tendrán que decir á ésta en qué forma ha de desinfectar esos artículos, y creo que ésto es lo propio. Vds. protestarían si Cuba no desinfecta sus exportaciones adecuadamente. Os negaríais á admitir esas mercancías si es que no han sido desinfectadas de acuerdo con vuestros métodos, y nosotros haríamos lo mismo. Si los artículos provenientes de los Estados Unidos con destino á Cuba no han sido desinfectados de conformidad con nuestros métodos, nosotros objetaríamos, y por lo tanto les obligaríamos á hacer la desinfección en la forma debida.

Estoy tratando de aclarar la cuestión. Aún no la discuto, simplemente trato de aclararla. No he dado mi opinión y no sé si podré darla.

Aquí sostuvieron una discusión en castellano los Doctores Licéaga, Medina, Guiteras y Moore.

El SECRETARIO. Aquí tengo una traducción de esta convención, concebida en estos términos: Incumbe á las autoridades del país al cual van consignadas las mercancías determinar la forma en que se ha de efectuar la desinfección y el sitio en donde se ha de llevar á cabo, etc. Creo que añadiendo simplemente las palabras "de este país" queda todo arreglado.

Doctor GUITERAS. "Á la llegada." Quiero decir que el país que recibe las mercancías decidirá la forma en que han de ser tratadas, así es que creo necesario añadir las palabras "á la llegada."

El PRESIDENTE. ¿Se ha hecho alguna propuesta sobre el particular?

Doctor GUITERAS. No, señor.

En esta parte se sostuvo otra discusión en castellano.

El Doctor Guiteras leyó el artículo 15 en inglés como quedó reformado.

El Doctor Moore leyó el artículo reformado en español.

Doctor GUITERAS. Ahora está claro el artículo.

El artículo 15 fué aprobado.

Doctor GUITERAS. El artículo 16 es como sigue:

ARTÍCULO 16. Las cartas y correspondencia, impresos, libros, papeles de negocios, etc. (á excepción de los paquetes postales) no se someterán á ninguna restricción, ni desinfección.

Este artículo fué aprobado.

Doctor GUITERAS. El artículo 17 dice:

ARTÍCULO 17. Las mercancías que lleguen por tierra ó por mar no podrán ser detenidas en las fronteras ni en los puertos.

Las únicas medidas que se permitirá prescribir respecto de aquéllas quedan especificadas en el artículo 12.

Sin embargo, si las mercancías llegando por mar en "vrac" ó en empaques defectuosos, han sido, durante la travesía contaminadas por ratas que se reconozcan como apestadas, y si no pueden aquéllas ser desinfectadas, la destrucción de los gérmenes puede asegurarse depositando las mercancías.

Se entiende que la aplicación de esta última medida no deberá traer consigo ni detención para el navío ni gastos extraordinarios que resulten de la falta de almacenes en los puertos.

El artículo 17 fué leído en castellano por el Doctor Moore.

El PRESIDENTE. ¿Se desea hacer observaciones sobre este artículo?

El Doctor Lavorería hizo uso de la palabra.

Doctor GUITERAS. ¿Sabe alguno de los presentes qué quiere decir la palabra "vrac"? En la versión española la han puesto tal como estaba en el original francés.

Doctor GEDDINGS. Quiere decir "á granel."

Doctor GUITERAS. Dice "en 'vrac' ó en empaques defectuosos."

Doctor GEDDINGS. Eso significa sin empacar ó mal empacados.

Doctor GUITERAS. "Á granel ó en embalajes defectuosos."

Doctor GEDDINGS. Debía ser "empaques defectuosos."

Doctor GUITERAS (leyendo):

ARTÍCULO 13. Las mercancías que lleguen por tierra ó por mar no podrán ser retenidas en las fronteras ni en los puertos.

El PRESIDENTE. Permítame que le interrumpa para preguntarle qué diferencia hay entre "detenidas" y "retenidas."

Doctor GUITERAS. A mi juicio "retenidas" quiere decir de una manera permanente, mientras que "detenidas" es temporalmente. No sé si esta interpretación es correcta. Nos hemos basado en la interpretación que dan los franceses á las palabras "retenue" y "détenue." Emplean la primera como en este artículo cuando quieren significar una duración permanente, y la segunda cuando es un espacio de tiempo limitado.

El PRESIDENTE. Esa palabra sóla no es suficiente en inglés, si esa es la idea.

El Doctor Stiles dice que en francés significa realmente "embargo."

Doctor GUITERAS. Entonces diremos "retenidas permanentemente."

El PRESIDENTE. Creo que eso sería mejor.

Doctor GUITERAS. Muy bien, se pondrá así. Volveré á leer el artículo 17.

ARTÍCULO 17. Las mercancías que lleguen por tierra ó por mar no podrán ser retenidas permanentemente en las fronteras ni en los puertos.

Las únicas medidas que se permitirá prescribir respecto de aquéllas quedan especificadas en el artículo 12.

Sin embargo, si las mercancías llegando por mar á granel ó en empaques defectuosos han sido, durante la travesía, contaminadas por ratas que se reconozcan como apestadas, y si no pueden aquéllas ser desinfectadas, la destrucción de los gérmenes puede asegurarse depositando las mercancías en un almacen durante un espacio de tiempo que fijarán las autoridades del puerto de llegada.

Se entiende que la aplicación de esta última medida no deberá traer consigo ni detención para el navío ni gastos extraordinarios que resulten de la falta de almacenes en los puertos.

El artículo precedente fué leído en castellano por el Doctor Moore.

El artículo 17 quedó aprobado.

Doctor GUITERAS. En la versión española se ha dejado la palabra "vrac" entre paréntesis. Para que se sepa que es la palabra francesa deseo insertarla en el inglés.

El artículo 18 es como sigue:

ARTÍCULO 18. Cuando las mercancías han sido desinfectadas, por la aplicación de las prescripciones del artículo 12, ó depositadas temporalmente en un almacen de acuerdo con el párrafo 3° del artículo 17, el propietario ó su representante tiene el derecho de reclamar de la autoridad sanitaria que ha ordenado la desinfección ó el deposito un certificado que indique las medidas tomadas.

El artículo 18 fué leído en castellano por el Doctor Moore.

El PRESIDENTE. Habéis oído la lectura del artículo. Si no se desean hacer observaciones discutiremos su aprobación.

El artículo 18 fué aprobado.

Doctor GEDDINGS. Señor Presidente, quisiera hablar sobre el artículo 18. Este artículo dice—

Cuando las mercancías han sido desinfectadas, por aplicación de las prescripciones del artículo 12, ó depositadas temporalmente en un almacen, de acuerdo con el párrafo 3° del artículo 17, el propietario ó su representante tiene el derecho de reclamar de la autoridad sanitaria que ha ordenado la desinfección un certificado que indique las medidas tomadas.

Sugiero que se lea "la desinfección ó el depósito."

Doctor GUITERAS. Veo que eso ya está en la versión castellana.

Se discutió la cuestión, y se hizo la reforma indicada por el Doctor Geddings.

El Doctor Guiteras leyó después el artículo 19.

ARTÍCULO 19. Equipages. La desinfección de la ropa sucia, ropa de cama, y objetos que forman parte de equipages ó muebles, los cuales provengan de una circunscripción territorial declarada contaminada, no se hará efectiva mas que en los casos en que la autoridad sanitaria los considere como contaminados. En caso de fiebre amarilla no se desinfectarán los equipages.

El PRESIDENTE. Antes de que se lea el artículo en castellano quisiera llamar la atención del Doctor Geddings, que es el representante de esa comisión, á la traducción francesa—que, dicho sea de paso, es muy buena—en donde se usan las palabras "área local."

Doctor GATEWOOD. La palabra "área" es definida. ¿Porqué no la hemos de sustituir por las palabras "área territorial"? Estas palabras no son definidas.

Doctor GUITERAS. Dice "área territorial." La definición dice que un área es un territorio.

Doctor GATEWOOD. ¿Se ha definido la palabra "área"?

Doctor GUITERAS. Fué definida como un territorio, un área, una villa, ó lo que pudiera ser. Entre otras cosas estaba incluida la palabra "territorio."

Doctor GATEWOOD. ¿Porqué no se usa la palabra "área"?

Doctor GUITERAS. ¿Volveré á leerlo?

El PRESIDENTE. Léalo otra vez.

Doctor GUITERAS (leyendo):

La desinfección de la ropa sucia, ropa de cama, y objetos que forman parte de equipages ó muebles, los cuales provengan de una circunscripción territorial declarada contaminada, no se hará efectiva mas que en los casos en que la autoridad sanitaria los considere como contaminados. En caso de fiebre amarilla no se desinfectarán los equipages.

El artículo 19 fué leído en castellano por el Doctor Moore.

El PRESIDENTE. Quisiera preguntar al Doctor Geddings si está satisfecho con la redacción de este artículo.

Doctor GEDDINGS. Me parece que están bien las palabras "circunscripción territorial."

El Doctor Guiteras dió continuación á la lectura.

Sección tercera. Medidas que se tomarán en los puertos y en las fronteras marítimas.

ARTÍCULO 20. Clasificación de los buques. Se considera *infectado* el buque que tenga la peste, el cólera ó la fiebre amarilla á su bordo, ó que ha presentado uno ó muchos casos de peste ó cólera á su bordo, durante los últimos siete días, ó de fiebre amarilla en cualquier tiempo durante el viaje.

Este párrafo fué leído en castellano por el Doctor Moore.

Después los delegados sostuvieron una discusión en español.

Doctor GUITERAS. Hemos estado discutiendo solamente una corrección verbal relativa á la versión española.

El párrafo que precede fué leído otra vez en castellano.

El párrafo leído del artículo 20 quedó aprobado.

El Doctor Guiteras continuó leyendo:

Se considera como *sospechoso* el buque á bordo del cual ha habido casos de peste ó cólera en el momento de la partida ó durante la travesía, pero en el cual no se ha declarado ningún caso por unos siete días; serán tambien sospechosos, tratándose de la fiebre amarilla, los buques que hayan estado anclados á tal proximidad de la orilla contaminada que haya hecho factible el acceso de mosquitos.

Este párrafo fué leído en castellano por el Doctor Moore.

Esta parte del artículo 20, conforme fué leída en castellano é inglés, quedó aprobada.

Doctor GUITERAS. El último párrafo del artículo 20 es como sigue:

Se considera como indemne el buque que, aún cuando provenga de un puerto contaminado, no ha tenido defunciones ni casos de peste, cólera ó fiebre amarilla á bordo, antes de la partida, durante la travesía ó en el momento de la llegada, y que, tratándose de la fiebre amarilla no haya estado anclado á tal proximidad de la orilla contaminada que haya hecho factible el acceso de mosquitos.

Creo que esta última parte debía estar concebida en estos términos—

á tal proximidad de la orilla contaminada que haya hecho factible, á opinión de las autoridades, el acceso de mosquitos.

Los delegados de la Convención sostuvieron una discusión en castellano.

Doctor GUITERAS. El delegado del Ecuador no está conforme con este último párrafo. Es decir, quiere discutir la cuestión relativa á los buques indemnes.

El PRESIDENTE. En ese caso tendrá que hacer una propuesta.

Doctor GUITERAS. Pide una explicación que yo no le puedo dar. Pregunta si debe considerarse indemne un buque que, por ejemplo, haya hecho un viaje de un día desde un puerto de Méjico á otro de Texas, ó vice versa—muy próximos el uno al otro—uno de cuyos puertos de salida está contaminado; ¿se consideraría ese buque indemne porque no ha ocurrido ningún caso de peste, cólera ó fiebre amarilla á su bordo? Como Vds. verán, no habrá habido más tiempo que un día para que se desarrolle cualquier enfermedad.

El PRESIDENTE. Evidentemente no se ha tenido eso en cuenta.

Doctor GUITERAS. Diría que no se ha tenido eso en consideración en la Conferencia de París.

Se sostuvo una discusión en castellano.

Doctor GUITERAS. Estamos dispuestos á votar sobre el último párrafo del artículo 20.

El último párrafo del artículo 20 fué aprobado.

El PRESIDENTE. Habiéndose terminado la lectura de todo el artículo 20, debemos ahora votar sobre la aprobación del artículo en conjunto, según se ha leído y aprobado por párrafos.

El artículo 20 en conjunto fué aprobado.

Doctor GUITERAS. El artículo 21 es como sigue:

ARTÍCULO 21. Los buques infectados de peste serán sometidos al siguiente régimen:

1. Visita médica (inspección).
2. Los enfermos serán inmediatamente desembarcados y aislados.
3. Las demás personas deben ser igualmente desembarcadas, si es posible, y sometidas á una observación (1), que no debe exceder de cinco días á contar desde la fecha de la llegada.

Después de la palabra "observación" hay una llamada hacia una nota al pie que explica lo que esa palabra quiere decir, y es como sigue:

(1) La palabra "observación" significa aislamiento de los viajeros, bien sea á bordo de un buque, ó bien en una estación sanitaria, antes de dárseles entrada libre.

Continúa diciendo el artículo 21:

4. La ropa sucia, los efectos de uso y los objetos de la tripulación (2) y de los pasajeros que, según el parecer de la autoridad sanitaria, sean considerados como contaminados, deben ser desinfectados.

Después de la palabra "tripulación" hay una llamada hacia una nota al pie que dice:

La palabra "tripulación" se aplica á las personas que forman parte de la dotación del buque, ó del personal de servicio, comprendiendo los mayordomos criados, cafedji, etc., Esta palabra se interpretará en este sentido siempre que aparezca en esta Convención.

El resto del artículo 21 es como sigue:

5. Las partes del buque que han sido habitadas por apestados ó que, según el parecer de la autoridad sanitaria, se consideran como contaminadas deben ser desinfectadas.

6. La destrucción de las ratas del buque debe efectuarse, antes ó después de la descarga, lo más rápidamente posible, y, en todo caso, en un plazo máximo de cuarenta y ocho horas, evitando deteriorar las mercancías, el buque ó las máquinas.

Para los buques en lastre esta operación debe hacerse lo más pronto posible antes de la descarga.

Se sostuvo una discusión en español.

El artículo 21 fué leído en castellano por el Doctor Moore.

El mismo artículo quedó aprobado.

El artículo 22 fué leído por el Doctor Guiteras y es como sigue:

Artículo 22. Los buques sospechosos de peste se someterán á las medidas indicadas en los números 1, 4, y 5 del artículo 21.

Además, la tripulación y los pasajeros pueden ser sometidos á una observación que no excederá de cinco días, á partir de la llegada del buque. Se puede, durante el mismo tiempo, impedir el desembarque de la tripulación, siempre que no lo exija el servicio. Se recomienda destruir las ratas del buque. Esta operación se efectuará antes ó después de la descarga, lo más rápidamente posible, y en todo caso, en una dilación máxima de cuarenta y ocho horas, evitando deteriorar las mercancías, el buque ó las máquinas.

Para los buques en lastre esta operación se hará, si hay lugar, lo más pronto posible, y en todo caso antes de la carga.

El artículo 22 fué leído en castellano por el Doctor Moore.

El mismo artículo fué aprobado.

El Doctor Guiteras leyó el artículo 23 tal como está en la Convención.

Después fué leído en castellano por el Doctor Moore.

Sostúvose una discusión en castellano.

Doctor Guiteras. He llamado, simplemente, la atención al hecho de aquí se ha usado la palabra "observación" en vez de "vigilancia," y debíamos haber convenido que en este caso pòdríamos usar esta última palabra.

Los delegados volvieron á sostener otra discusión en español.

Doctor Guiteras. Estamos dispuestos para votar, Señor Presidente.

El artículo 23 fué aprobado.

El Doctor Guiteras leyó el artículo 24, como sigue:

Artículo 24. Cuando en una nave indemne, después de examen bacteriológico, se ha averiguado que hay á bordo ratas apestadas, ó bien cuando se comprueba una mortandad insólita en estos roedores, habrá que aplicar las siguientes medidas:

1. Naves con ratas apestadas:

(a) Visita médica (inspección).

(b) Las ratas deberán ser destruídas antes ó después de la descarga, lo más rápidamente posible, y, en todo caso, en un plazo máximo de cuarenta y ocho horas, evitando deteriorar las mercancías, los buques ó las máquinas. Los buques en lastre sufrirán esta operación lo más pronto posible, y, en todo caso, antes de hacerse la carga.

(c) Las partes del buque y los objetos que la autoridad sanitaria considere contaminados serán desinfectados.

(d) Los pasajeros y la tripulación pueden ser sometidos á observación que no exceda de cinco días, contados desde la fecha de llegada, salvo en casos excepcionales en los que la autoridad sanitaria puede prolongar la vigilancia hasta un máximum de diez días.

Lo precedente fué leído en castellano por el Doctor Moore.

El SECRETARIO. Aquí hay la misma diferencia otra vez. En la versión inglesa se usa la palabra "observación," y en la española "vigilencia." Está en el párrafo (d).

Doctor GUITERAS. Sí, hay que hacer una corrección aquí, una sola. Es una corrección verbal. El Doctor McCaw propone que se cambie la palabra "especial" por "excepcional" en el párrafo (d). Ahora estamos dispuestos á votar en el primer párrafo del artículo 24.

El párrafo 1 del artículo 24 fué aprobado.

El Doctor Guiteras dió lectura al párrafo 2 del artículo 24, como sigue:

2. Buques en los que se ha comprobado una mortandad insólita de ratas:
(a) Visita médica (inspección).
(b) El examen de las ratas desde el punto de vista de la peste, que se hará tan pronto como sea posible.
(c) Si la destrucción de ratas se juzga necesaria, se hará en las condiciones antes indicadas, con respecto á los buques con ratas apestadas.
(d) Hasta que toda sospecha se haya disipado, los pasajeros y la tripulación pueden ser sometidos á una observación que no exceda de cinco días, contados á partir de la fecha de llegada, salvo en casos excepcionales en los que la sanidad sanitaria puede prolongar la observación hasta un máximum de diez días.

El párrafo 2 del artículo 24 fué aprobado.

El PRESIDENTE. Ahora debemos aprobar todo el artículo.

Todo el artículo 24 fué aprobado.

El Doctor Guiteras dió lectura al artículo 25, como sigue:

ARTÍCULO 25. La autoridad sanitaria del puerto entregará al capitán, al armador ó á su agente, siempre que se le pida, un certificado en el que conste que las medidas de destrucción de ratas han sido efectuadas y que indique las razones por las cuales estas medidas han sido aplicadas.

Este artículo fué leído en castellano por el Doctor Moore.

El artículo 25 fué aprobado.

El Doctor Guiteras leyó el artículo 26, que es como sigue:

ARTICULO 26. Los buques infectados de cólera serán sometidos al régimen siguiente:
1. Visita médica (inspección).
2. Los enfermos serán desembarcados y aislados inmediatamente.
3. Las otras personas se desembarcarán también, si es posible, y se someterán, desde la llegada del buque, á una observación cuya duración no excederá de cinco días.

Doctor GUITERAS. En la versión española se incluyen las palabras "cuya duración variará según el estado sanitario del buque y la fecha del último caso."

El PRESIDENTE. ¿Ha sido introducido ese cambio por nuestra comisión? Según tengo entendido, hemos tomado ese convenio de París y lo hemos de adaptar á nuestras necesidades. Si ese cambio ha sido hecho por la comisión, debe aparecer también en la versión inglesa.

Doctor GUITERAS. No me acuerdo cómo se originó la diferencia.

El PRESIDENTE. Existe una discrepancia entre el texto inglés y el español. ¿Se hizo esto á propósito?

Doctor GUITERAS. En el español se han suprimido las palabras "variará según el estado sanitario." ¿Qué necesidad hay de decir esto cuando ya se dice que el período de la observación no ha de exceder de cinco días? Las suprimeremos también de la versión inglesa con el fin de que ambos textos estén acordes.

El PRESIDENTE. Está bien; hágase, pues, el cambio.

El Doctor Guiteras continuó la lectura del artículo 26:

4. La ropa sucia, los efectos de uso y los objetos de los tripulantes y de los pasajeros que, conforme al parecer de la autoridad sanitaria del puerto, se consideren como contaminados, serán disinfectados.

5. Las partes del buque que hayan estado habitadas por enfermos de cólera ó que las autoridades sanitarias consideren como contaminadas, serán disinfectadas.

6. El agua de la cala será evacuada después de la disinfección.

La autoridad sanitaria puede ordenar la substitución del agua que está almacenada á bordo por otra buena potable.

Se prohibirá derramar las deyecciones humanas ó dejarlas escurrir en las aguas del puerto, á menos que se hayan desinfectado previamente.

Este artículo fué leído en castellano por el Doctor Moore.

El artículo 26 fué aprobado.

El Doctor Guiteras leyó el artículo 27, como sigue:

Artículo 27. Los buques sospechosos de cólera serán sometidos á las medidas prescritas en los incisos 1, 4, 5, y 6 del artículo 26.

La tripulación y los pasajeros pueden ser sometidos á una observación que no excederá de cinco días después de la llegada del buque. Se recomienda impedir, durante el mismo tiempo, el desembarque de los tripulantes, salvo por razones del servicio.

El Doctor Moore leyó el artículo en español.

Este artículo fué aprobado.

El Doctor Guiteras dió lectura al artículo 28, que es como sigue:

Artículo 28. Los buques indemnes de cólera serán admitidos á libre plática inmediatamente, cualquiera que sea la naturaleza de su patente.

El único régimen que puede establecer la autoridad sanitaria de un puerto de llegada, consistirá en las medidas indicadas en los números 1, 4 y 6 del artículo 26.

La tripulación y los pasajeros pueden ser sometidos, desde el punto de vista del estado de salud, á una observación que no excederá de cinco días contados desde la fecha en que el buque salió del puerto contaminado.

Es de recomendarse que se impida, durante el mismo espacio de tiempo, el desembarque de la tripulación, salvo por razones del servicio.

La autoridad competente del puerto de llegada puede siempre exigir, bajo juramento, un certificado del médico de á bordo, ó, en su defecto, del capitán, en el que se haga constar que no ha habido caso de cólera en el buque después de su partida.

Este artículo fué leído en castellano por el Doctor Moore.

El artículo 28 quedó aprobado.

El Doctor Guiteras leyó el artículo 29:

Artículo 29. La autoridad competente tendrá en cuenta, para la aplicación de las medidas indicadas en los artículos 21 á 28, la presencia de un médico y de aparatos de desinfección (estufas) á bordo de los buques de las tres clases arriba mencionadas.

En lo que se refiere á la peste tendrá también en cuenta la instalación á bordo, de aparatos destinados á la destrucción de ratas.

Las autoridades sanitarias de los países á los cuales convenga entenderse sobre este punto, podrán dispensar de la visita médica y de las otras medidas á los buques indemnes que tuvieren á bordo un médico comisionado por su país.

El artículo 29 fué leído en español por el Doctor Moore.

Este artículo fué aprobado.

El Doctor Guiteras leyó el artículo 30, como sigue:

Artículo 30. Pueden prescribirse medidas especiales para los buques en que haya aglomeración, particularmente para las naves de emigrantes ó para cualquier otro buque que tenga malas condiciones higiénicas.

Doctor Guiteras. ¿Está bien "malas condiciones higiénicas"?

Dr. Geddings. Está bien.

Doctor Gatewood. El Doctor Stiles propone que se cambie por "condiciones higiénicas deficientes," que suena algo mejor. O si no, ¿qué tal sería "condiciones anti-higiénicas"?

El artículo 30 fué leído en castellano por el Doctor Moore.

El artículo 30, conforme fué leído en inglés y en español, quedó aprobado.

El Doctor Guiteras dió lectura al artículo 31:

ARTÍCULO 31. Todo buque que no quiera someterse á las obligaciones impuestas por la autoridad del puerto en virtud de las estipulaciones de la presente Convención, queda en libertad de volverse á la mar.

Puede ser autorizada á desembarcar sus mercancías después de haber tomado las siguientes precauciones:

1. Aislamiento del buque, de la tripulación y de los pasajeros.
2. En lo que concierne á la peste, pedir informaciones relativas á la existencia de una mortandad insólita entre las ratas.
3. En lo que concierne al cólera hacer la evacuación del agua de la cala, después de su desinfección y substitución del agua que esté almacenada á bordo por otra buena potable.

Puede igualmente ser autorizado á desembarcar á los pasajeros que lo soliciten, á condición de que estos se sujeten á las medidas prescritas por la autoridad local.

El artículo 31 fué leído en castellano por el Doctor Moore.

El artículo 31 quedó aprobado.

El Doctor Guiteras dió lectura al artículo 32, que es como sigue:

ARTÍCULO 32. Los buques procedentes de un puerto contaminado, que han sido desinfectados y han sido objeto de medidas sanitarias aplicadas de una manera suficiente, no sufrirán por segunda vez estas medidas á su llegada á un puerto nuevo, á condición de que no haya ocurrido ningún caso después que se efectuó la desinfección, y que no hayan hecho escala en un puerto contaminado.

Cuando un buque desembarque solamente pasajeros y sus equipajes y los sacos de la correspondencia, sin haber estado en comunicación con la costa, no debe considerársele como que ha tocado el puerto, y, en el caso de fiebre amarilla, cuando no se haya aproximado suficientemente á la costa para recibir mosquitos á bordo.

Este artículo fué leído en castellano por el Doctor Moore.

Sotúvose una discusión en castellano.

El PRESIDENTE. ¿Se ha introducido algún cambio en el texto?

Doctor GUITERAS. No; solamente en las palabras.

El artículo 32 fué aprobado.

El Doctor Guiteras dió lectura al artículo 33, como sigue:

ARTÍCULO 33. Los pasajeros llegados en una nave infectada, tienen la facultad de pedir á la autoridad sanitaria del puerto un certificado que indique la fecha de su llegada y las medidas á las cuales han sido sometidos ellos y sus equipages.

El artículo que precede fué leído en castellano por el Doctor Moore.

El artículo 33 fué aprobado.

El Doctor Guiteras leyó el artículo 34, que se halla concebido en los siguientes términos:

ARTÍCULO 34. Los vapores correos seran objeto de un régimen especial que se establecerá de común acuerdo entre los países interesados.

Este artículo fué leído en castellano por el Doctor Moore.

El artículo 34 fué aprobado.

El Doctor Guiteras dió lectura al artículo 35:

ARTÍCULO 35. Sin perjuicio del derecho que tienen los Gobiernos de ponerse de acuerdo para organizar estaciones sanitarias comunes, cada país debe proveer uno de los puertos, por lo menos, del litoral de cada uno de sus mares, de una instalación y de materiales suficientes para recibir un buque, cualquiera que sea su estado sanitario.

Cuando un buque indemne procedente de un puerto contaminado llegue á un gran puerto de navegación marítima, se recomienda no enviarlo á otro puerto con el objeto de que se someta á las medidas sanitarias prescritas.

En cada país, los puertos abiertos á las procedencias de otros, contaminados de cólera, peste ó fiebre amarilla, deben estar provistos de tal manera que los buques indemnes puedan someterse allí, desde el momento de su llegada, á las medidas prescritas y no tengan que ir á otro puerto con este objeto.

Los Gobiernos harán conocer los puertos que hayan abierto á las procedencias de otros, infectados de peste, cólera ó fiebre amarilla.

El Doctor Moore leyó este artículo en castellano.

Sostúvose una discusión en español.

El artículo 35 fué aprobado.

El Doctor Guiteras leyó el artículo 36, que es como sigue:

ARTÍCULO 36. Se recomienda que en los grandes puertos de navegación marítima se establezca:

(a) Un servicio médico regular y una vigilancia médica permanente del estado sanitario de las tripulaciones y de la población del puerto.

(b) Locales apropiados para el aislamiento de los enfermos y la observación de las personas sospechosas. En los lugares donde existe *Stegomyia fasciata* deberá haber edificios ó partes de ellos que tengan las puertas y ventanas protejidas con mallas de alambre, y una lancha y una ambulancia protejidas de la misma manera.

(c) Las instalaciones necesarias para una desinfección eficaz y laboratorios bacteriológicos.

(d) Un servicio de aguas potables, no sospechoso para el uso del puerto, y la aplicación de un sistema que presente toda la seguridad posible para la extracción de los desechos y basuras.

Este artículo fué leído en castellano por el Doctor Moore.

El artículo 36 fué aprobado.

El Doctor Guiteras leyó lo siguiente:

SECCIÓN 4. Medidas en las fronteras terrestres, viajeros, ferrocarriles, zonas fronterizas, vías fluviales.

ARTÍCULO 37. No se deben establecer cuarentenas terrestres, pero los Gobiernos se reservan el derecho de establecer campamentos de observación, si los consideran necesarios, para la detención temporal de los sospechosos.

Solamente las personas que presenten síntomas de peste, cólera ó fiebre amarilla pueden ser retividas en las fronteras.

Este principio no excluye el derecho de cada Estado de cerrar, cuando lo necesite, una parte de sus fronteras.

El PRESIDENTE. ¿No sería mejor cambiar la palabra "Estado"? Se podría creer que significa un Estado de los Estados Unidos.

Doctor GUITERAS. ¿No tienen Vds. incoveniente en que se cambie esa palabra por "Gobierno"?

El PRESIDENTE. No.

Un DELEGADO. Sustituirla por la palabra "país."

Doctor GUITERAS. "País," sí, está bien. Entonces con este cambio el último párrafo de este artículo dirá:

Este principio no excluye el derecho de cada país de cerrar, cuando lo necesite, una parte de sus fronteras.

El Doctor Moore leyó este artículo en español.

Doctor GUITERAS. Señor presidente, propongo que se suprima el segundo párrafo de este artículo, á saber, aquella parte que dice:

Solamente las personas que presenten síntomas de peste, cólera ó fiebre amarilla pueden ser retenidas en las fronteras.

Doctor GEDDINGS. Apoyo la petición.

Doctor GUITERAS. Hago esta proposición porque considero que este segundo párrafo está en contradicción con el primero del mismo artículo. El primer párrafo dice:

No se deben establecer cuarentenas terrestres, pero los Gobiernos se reservan el derecho de establecer campamentos de observación, si los consideran necesarios, para la detención temporal de los sospechosos.

Y después de decir que estos campamentos de observación pueden ser establecidos si se consideran necesarios, declara que solamente las personas enfermas podrán ser detenidas, siendo el texto del segundo párrafo, "solamente las personas que presenten síntomas de peste, cólera ó fiebre amarilla pueden ser detenidas en las fronteras."

El PRESIDENTE. ¿Están Vds. dispuestos para discutir la proposición del Doctor Guiteras?

Doctor MEDINA. Quisieramos que se vuelva á leer el artículo en castellano.

El Doctor Moore leyó el artículo con la reforma propuesta en castellano.

Doctor MEDINA. Está bien.

La correción propuesta por el Doctor Guiteras fué aprobada.

El PRESIDENTE. Habiéndose adoptado la reforma, queda por discutirse ahora la aprobación del artículo.

El artículo 37 según quedó reformado fué aprobado.

El Doctor Guiteras dió lectura al artículo 38.

ARTÍCULO 38. Es importante que los viajeros sean sometidos, desde el puto de vista de su estado de salud, á una vigilancia por parte del personal de ferrocarriles.

Este artículo fué leído en castellano por el Doctor Moore.

El artículo 38 fué aprobado.

El Doctor Guiteras leyó el artículo 39, como sigue:

ARTÍCULO 39. La intervención médica se limitará á una visita á los pasajeros, tomándoles la temperatura, y á los cuidados que se han de dar á los enfermos. Si esta visita se hace, se combinará, hasta donde fuera posible, con la visita aduanera, de modo que los pasajeros sean detenidos el menor tiempo posible. Las personas visiblemente enfermas serán las únicas que se someterán á un examen médico completo.

El artículo 39 fué leído en español por el Doctor Moore.

Se sostuvo una discusión en español, en la que tomaron parte los Doctores Lavorería, Licéaga y Alcivar.

Doctor GUITERAS. La cuestión es, Señor Presidente, sobre la toma de la temperatura. El artículo 39 dice que la intervención médica se limitará á una visita á los pasajeros, tomándoles la temperatura, y al socorro que se ha de prestar á los que están realmente enfermos. El delegado de Perú dice que sería mejor limitar la toma de la temperatura en los casos en que sea necesario solamente. El Doctor Licéaga insiste en que se debe conceder facultad al médico para que tome la temperatura á todos, y yo soy de la misma opinión.

El PRESIDENTE. El médico puede hacerlo ó no.

Doctor GUITERAS. Sí, señor, pero para ello tiene que estar facultado.

Volvióse á sostener otra discusión en español.

Doctor GUITERAS. Se ha retirado la reforma propuesta. Estamos dispuestos para votar.

El artículo 39 fué aprobado.

El Doctor Guiteras leyó el artículo 40, que es como sigue:

ARTÍCULO 40. Cuando los viajeros procedentes de un lugar contaminado han llegado á su destino, sería de la mayor utilidad someterlos á una vigilancia que no exceda de diez ó cinco días á contar de la fecha de partida, según que se trate respectivamente de peste ó de cólera, y de seis días en caso de fiebre amarilla.

El artículo 40 fué leído en castellano por el Doctor Moore.

Este artículo fué aprobado.

El Doctor Guiteras leyó el artículo 41, que es como sigue:

ARTÍCULO 41. Los Gobiernos se reservan el derecho de tomar medidas particulares en relación con determinadas categorías de personas, particularmente con los vagabundos, los emigrantes ó los que atraviesan la frontera en grandes grupos.

Este artículo fué leído en español por el Doctor Moore.

Doctor GATEWOOD. ¿En "grupos?"

Doctor ULLOA. "Grupos," está bien.

Dr. H. L. E. JOHNSON. ¿No se refiere esa palabra á las bandas errantes de gitanos y vagabundos?

Doctor GATEWOOD. ¿Y porqué no poner ambas palabras, "grupos y bandas"?

El PRESIDENTE. Ruego al Doctor Geddings que explique ésto.

Doctor GEDDINGS. Esa palabra se refiere á los vagabundos que viajan en partidas. Se refiere á los gitanos y vagos que pasan la frontera en cuadrillas (troops), no en un sentido militar.

El PRESIDENTE. ¿Vd. quiere decir compañías teatrales?

Doctor GEDDINGS. Sí, señor; "bandas ó grupos" estaría bien.

Doctor GUITERAS. ¿No podría interpretarse esa palabra como referente á lo militar—escuadrones (troops) de caballería, por ejemplo?

Doctor ULLOA. Entonces dejar la palabra "grupos."

Doctor GUITERAS. Nó, porque "grupos" no es bastante. Creo que "bandas" sería mejor.

Doctor GEDDINGS. Propongo que sustituya la palabra "grupos."

Dr. H. L. E. JOHNSON. Creo que usando ambas palabras, "grupos y bandas;" todo quedaría incluído. Con esto la idea quedaría propiamente expresada en inglés. No lo sé con respecto al español.

Doctor GUITERAS. Yo creo que grupos tiene un sentido tan general que podría aplicarse, del mismo modo, á grupos muy reducidos—un grupo de cinco personas, por ejemplo—é indudablemente no es la intención el aplicar esta medida á un número tan reducido de personas. Se refiere á bandas tan grandes de personas que resulte difícil reglamentarlas, disciplinarlas y seguirlas. Pero en el caso de bandas pequeñas creo que no es la intención el aplicarlas esta medida. Un pequeño grupo; un coche con varias personas.

Ciertamente que no se intenta aplicarlas esa medida. La palabra "bandas" significa grandes grupos que van sin disciplina. No veo la necesidad para que se use el vocable "grupos."

El PRESIDENTE. Se ha hecho una indicación para que se cambie la palabra "grupos" por "bandas." Creo que el Doctor Johnson tiene que hacer una proposición.

Doctor JOHNSON. Nó, señor; retiro la proposición que he hecho.

El PRESIDENTE. Entonces la cuestión que queda por resolverse es la propuesta del Doctor Geddings.

La proposición del Doctor Geddings fué discutida, resultando aprobada.

El artículo 41 fué aprobado.

El Doctor Guiteras leyó el artículo 42, que es como sigue:

ARTÍCULO 42. Los coches que hacen el trasporte de pasajeros, del correo y de equipajes, no pueden ser detenidos en las fronteras. A fin de que los coches que trasportan los viajeros y el correo no puedan ser detenidos, se hará que los que llegan de la circunscripción infectada se detengan en la frontera y que los pasajeros se trasborden á los coches que llegan á la frontera del otro lado.

Si sucediera que uno de esos coches se hubiera contaminado ó hubiere sido ocupado por un enfermo atacado de peste, de cólera ó de fiebre amarilla——

Doctor GUITERAS. Nó, no acepto el que se usen las palabras "fiebre amarilla" en este caso, nó, nó. Pero, sin embargo, suponiendo que ocurre un caso de fiebre amarilla en un tren, ¿no debe desinfectarse el coche en donde ha ocurrido? Sí, un mosquito puede haber picado al individuo. Sí, está bien.

(Continuando la lectura:)

Si sucediera que uno de esos coches se hubiere contaminado ó hubiere sido ocupado por un enfermo atacado de peste, cólera ó fiebre amarilla, será desprendido del tren para ser desinfectado lo más pronto posible.

Este artículo fué leído en castellano por el Doctor Moore.

El artículo 42 fué adoptado.

El Doctor Guiteras leyó el siguiente:

ARTÍCULO 43. Las medidas concernientes al paso por las fronteras del personal de los ferrocarriles y del correo son de la competencia de las administraciones interesadas. Se combinarán de modo que no estorben el servicio.

Este artículo fué leído en castellano por el Doctor Moore.

El artículo 43 quedó aprobado.

Doctor GATEWOOD. ¿Qué quiere decir en ese caso la palabra "administraciones"? ¿Quiere decir la administración de los ferrocarriles ó de los países?

Doctor GUITERAS. Dice, "personal de los ferrocarriles y del correo."

Doctor GATEWOOD. Entonces, si es así, en los casos en que los ferrocarriles no están bajo el dominio gubernamental pueden prescribir esas medidas por sí mismos.

Dr. H. L. E. JOHNSON. ¿No sería mejor decir "los países interesados"?

El PRESIDENTE. Realmente, debía ser "las autoridades sanitarias."

Dr. H. L. E. JOHNSON. Dice, "administraciones interesadas" donde yo creo que debe decir "países interesados."

El SECRETARIO. Creo que debe decir "autoridades sanitarias."

El PRESIDENTE. Ya hemos aprobado el artículo 43 sin esta reforma.

Dr. H. L. E. JOHNSON. Con el fin de que podamos discutirla, pido que se vuelva á considerar la adopción del artículo 43.

Esta proposición fué apoyada, discutida y aprobada.

El PRESIDENTE. La propuesta para que se vuelvará discutir el artículo 43 ha sido aprobada. Empecemos pues.

Dr. H. L. E. JOHNSON. Pido que se reforme el artículo 43 en la forma aprobada y que ésta sea leída.

El Doctor Guiteras leyó el artículo 43 con la reforma propuesta:

ARTÍCULO 43. Las medidas concernientes al paso por las fronteras del personal de los ferrocarriles y del correo son de la competencia de las autoridades sanitarias interesadas. Se combinarán de modo de no estorbar el servicio.

El Doctor Moore leyó este artículo en español.

A propuesta del Dr. H. L. E. Johnson, debidamente apoyada, el artículo 43 quedó aprobado con la reforma introducida.

El Doctor Guiteras leyó el artículo 44, que es como sigue:

ARTÍCULO 44. La reglementación del tráfico fronterizo y de las cuestiones inherentes al mismo, así como la adopción de las medidas excepcionales de vigilancia, deberán sujetarse á arreglos especiales entre los Estados limítrofes.

El SECRETARIO. La palabra "Estados" debía cambiarse por "naciones."

Doctor GUITERAS. Sí.

El PRESIDENTE. Cámbiese por "naciones."

El Doctor Moore leyó el artículo 44 con la reforma introducida.

El artículo 44 fué aprobado.

El Doctor Guiteras leyó el artículo 45, que es como sigue:

ARTÍCULO 45. Corresponde á los Gobiernos de los países ribereños arreglar por medio de acuerdos especiales el régimen sanitario de las vías fluviales.

Este artículo fué leído en castellano por el Doctor Moore.

El artículo 45 fué aprobado.

Doctor Guiteras. Señor Presidente, aquí hay otro artículo que supongo no será origen de discusión, pero la cuestión que deseo someter es respecto al título del mismo.

El Presidente. Hemos terminado la discusión de todos los artículos que había preparados, y ahora suspenderemos la sesión hasta las 3 de esta tarde.

La sesión se suspendió para volverse á abrir á las 3 de la tarde del mismo día.

Sesión de la tarde.

El Presidente, Cirujano General Wyman, declaró abierta la sesión á las 3 de la tarde.

El Presidente. Si los señores delegados no tienen inconveniente, antes de que continuemos con la discusión de los artículos que quedan por aprobarse, y mientras tanto llegan uno ó más miembros que están ausentes, el Doctor Howard hablará sobre la distribución del *Stegomyia fasciata*.

El Doctor Howard. Señor Presidente, Señores Delegados de la Convención, considerando que están Vds. muy ocupados y que tienen que despachar muchos asuntos, seré todo lo breve que pueda.

Deseo manifestar que he ayudado á varias personas en el estudio del mosquito de la fiebre amarilla. Los estudios que yo he hecho por mi cuenta me llevaron á Méjico, en donde el Doctor Licéaga me recibió con la mayor cortesía posible, dándome cartas de presentación para las personas con quienes yo deseaba entrevistarme, casi todas ellas residentes en Méjico, y me prestó su valiosa ayuda en todos los sentidos. También deseo dar públicamente las gracias al Doctor Guiteras por la oportunidad que me dió para poder ver todo el Hospital de Las Ánimas de la Habana, y creo que debido á la cortés intervención de este señor pude desembarcar en la capital mencionada, porque llegué en un vapor procedente de Vera Cruz y no se permitió á ningún otro pasajero que bajara á tierra; todo lo que tuve que hacer fué presentar mi tarjeta al inspector médico diciéndole, "Sírvase entregarla al Doctor Guiteras," no habiendo más formalidades y siendo yo la única persona á quien se permitió desembarcar.

Con el fin de ser todo lo más breve posible, lo mejor es que yo les lea un extracto de lo que les iba á decir, el cual es muy corto y espero que sea exacto. Deseo advertirles que hablaré de mí mismo en la tercera persona.

El Doctor Howard leyó su extracto (véase el apéndice, pág. 438).

El Presidente Tenemos en nuestro programa un documento muy breve del Dr. H. L. E. Johnson, y tendrémos el gusto de oir su lectura ahora (véase el apéndice, pág. 441).

El Presidente: El Doctor McCaw, del Ejército de los Estados Unidos, desea poner en vuestro conocimiento un asunto que será de interés para todos.

Doctor McCaw. Únicamente deseo anunciar á la Convención que la Oficina del Cirujano General ha publicado durante el año pasado los resultados de las investigaciones de la junta de oficiales del ejército en la guerra hispano-americana, sobre la propagación de la fiebre tifoidea en los campamentos. Esta obra ha sido editada y publicada por el último miembro superviviente de dicha junta, el

Dr. Victor C. Vaughan. Es una obra voluminosa y pesada, compuesta de dos tomos, uno de los cuales contiene un atlas y diagramas, y el otro estadísticas. La obra no es de mucho valor para el médico y es demasiado voluminosa para una biblioteca ordinaria, pero tiene mucha importancia para los que están interesados en la higiene pública. En nombre del Cirujano General del Ejército, deseo comunicarles que se regalará un ejemplar de esta obra á todos los miembros de esta Conferencia si cada uno de ellos me hace el favor de darme su dirección. Podré enviarlos por correo mientras estén en los Estados Unidos, bien á las legaciones, ó bien á cualquier otra dirección. Temo que, si se envían los ejemplares por correo á los países sur-americanos, se pierdan en el camino. Agradeceré á todo aquél que desee un ejemplar que me lo diga.

El aviso del Doctor McCaw fué interpretado al castellano por el secretario.

Doctor GUITERAS: Propongo que se envíen las gracias de la Conferencia al Cirujano General del Ejército de los Estados Unidos por esta cortés oferta.

La proposición fué apoyada y quedó aprobada.

Doctor GUITERAS. ¿Podemos discutir las observaciones hechas por el Doctor Howard ó hacer comentarios sobre ellas?

El PRESIDENTE. Sería conveniente hacer comentarios sobre ellas.

Doctor GUITERAS. Con respecto á la opinión de que el mosquito pica con más frecuencia cuando la tarde está avanzada ó durante las horas calurosas del día, quizás atraído por el olor del sudor, deseo manifestar que hay una razón poderosa en contra de esta teoría, sustentada por uno de los señores mencionados por el Doctor Howard, y es la de que los mosquitos eluden á los negros, y si es que hay algún sudor que apeste de una manera verdaderamente violenta, es el sudor de los negros. Así pues, no creo que el olor del sudor atraiga á los mosquitos.

Con respecto al tiempo que transcurre de picadura á picadura, indudablemente el período de cinco ó siete días que fija uno de esos señores es demasiado largo. El otro cálculo de cuarenta y ocho horas es exacto. La hembra del *Stegomyia* puede picar cada cuarenta y ocho horas.

Pero la cuestión de que voy á tratar ahora, no se menciona en el documento del Doctor Howard, sino que está íntimamente relacionada con la distribución del *Stegomyia*. Queremos saber cuál es la distribución geográfica del *Stegomyia*, y estudiarla minuciosamente, porque suponemos que el área en donde existe el *Stegomyia* corresponde con aquella en la cual predomina la fiebre amarilla, pudiéndose hacer, por consiguiente, la deducción de que la fiebre amarilla no se extenderá fuera de ese área. Quiero hacer la declaración de que esto no es así; que creo que existe fiebre amarilla en regiones que están fuera del área en donde existe el *Stegomyia fasciata*, por lo menos fuera de la distribución ordinaria. Creo, en otras palabras, que la fiebre amarilla puede ser propagada y llevada—quizás nó en grandes epidemias, pero sí propagada—en donde no se encuentra el *Stegomyia*. Es decir, el *Stegomyia* puede ser llevado á un sitio como Atlanta en la primavera y el verano, ó bien más al norte, cuando hace bastante calor que el insecto pueda propagarse. Dos ó tres hembras llenas de huevos pueden ser llevadas en un tren á estos sitios, las cuales pueden criar suficientes mosquitos hacia el final del verano, en agosto por

ejemplo, para hacer que se produzca una epidemia de fiebre amarilla. Creo que algo por el estilo ocurrió en Madrid no hace mucho, en donde una hembra del *Stegomyia* pudo criar lo suficiente para provocar una pequeña epidemia. Creo que en algunos puertos hay considerable peligro de que se propague en ellos una pequeña epidemia, y que ninguno de ellos está del todo exento de dicho peligro. Creo que esta inmunidad es solamente relativa, y puedo añadir que el Doctor Finlay es de la misma opinión.

El SECRETARIO. Deseo hacer algunas observaciones en corroboración de lo que el Doctor Guiteras acaba de decir. Hace algunos años hubo una epidemia en Alajuela, que está á una distancia de unas doce millas de San José, Costa Rica, y que es casi tan alto como es este último punto. San José tiene una altura de 3,868 pies y Alajuela 3,001, sobre el nivel del mar. Naturalmente, antes de que la teoría de la trasmisión del mal por medio del mosquito quedara sentada como doctrina, creíamos que la fiebre amarilla no podía desarrollarse en las altitudes elevadas; pero, sin embargo, hubo una fuerte epidemia en la ciudad mencionada, y el Gobierno pasó mucho trabajo para poder exterminarla. Creo, como el Doctor Guiteras opina, que la epidemia fué causada por algunos mosquitos que quizás fueron importados de Punta Arenas, que es un puerto situado en el Pacífico, durante el verano, cuando se lleva el café del interior á los puertos del Pacífico, desde donde es posible que se hayan importado los mosquitos en carros ó vehículos de carga. Algunas personas procedentes del puerto mencionado fueron á Alajuela enfermas, introdujeron la fiebre amarilla y los mosquitos que quizás habían allí se contaminaron, provocando de esta manera la epidemia.

El PRESIDENTE. ¿Se desean hacer más observaciones? Este es un tema de mucho interés é importancia.

Doctor MEDINA. Deseo manifestar que tengo noticias de que hemos tenido dos casos en Managua, que está á una distancia bastante larga de Corinto, unas ciento cincuenta millas. Tuvinas dos casos, pero ambos eran pasajeros procedentes de Panamá. La fiebre se desarrolló en ellos y murieron en Managua; pero no se produjo infección alguna, siendo los dos únicos casos que tuvimos.

El Doctor Licéaga hizo uso de la palabra en castellano.

El SECRETARIO. El Doctor Licéaga ha dicho que desea hacer la siguiente explicación sobre el objeto de la discusión. Dice que en Méjico, á una altura de 2,000 pies, en donde está situada la Ciudad de Méjico, hicieron el siguiente experimento: Llevaron algunos mosquitos de Vera Cruz, que como todos sabemos ha sido un gran foco de la fiebre amarilla desde hace algunos años, y consiguieron criar tres generaciones de los mosquitos de la especie *Stegomyia fasciata*, con la única diferencia de que los mosquitos criados en la Ciudad de Méjico no vivieron tanto como los criados en Vera Cruz.

El Doctor Licéaga terminó diciendo, con mucha razón, que esto demuestra de que la fiebre amarilla se desarrollaría en una ciudad de esa altura si las autoridades no tienen cuidado en la manera en que se debe tratar á nuestro amigo el *Stegomyia*.

El Doctor Licéaga dijo además que deseaba dar las gracias al Doctor Howard por las manifestaciones que hizo concernientes al trato que recibió en Méjico.

Doctor HOWARD. Pido la palabra.

El PRESIDENTE. El Doctor Howard tiene la palabra.

Doctor HOWARD. He tomado particular interés en los ejemplos que han dado los Doctores Ulloa y Licéaga y en las generalizaciones hechas por el Doctor Guiteras. En el folleto distribuído entre los delegados en las sesiones del primer día, se trata de lleno de esa cuestión, en la página 4, y en ella habló del peligro de que estos mosquitos se introduzcan por los ríos Misisipí y Ohio en vapores y trenes, y de la posibilidad de que se produzcan epidemias de este modo.

Durante el viaje del cual ya he hablado, y en el que se facilitaron mis trabajos gracias á la cortés ayuda que recibí del Doctor Licéaga, el punto más elevado en donde encontré el *Stegomyia*—estuve allí en mayo; quizás el mosquito fué importado—fué Orizaba que está á una altura de 4,500 pies sobre el nivel del mar, y esta especie no se ha criado originalmente en este punto como sucede con los de las costas. Pero cuando se consruyeron ferrocarriles en el interior de Méjico fué llevado más adentro hasta que finalmente se estableció en Córdoba y por último en Orizaba. Los primeros casos ocurrieron entre personas que vivían dentro de un radio alrededor de la estación del ferrocarril. En la siguiente epidemia se propagó la enfermedad á unos cientos de yardas más afuera y tomó otra manzana de casas, un poco más lejos de la estación del ferrocarril como centro, y puede ser que con el tiempo el *Stegomyia* se establezca permanentemente un poco más lejos aún de la estación mencionada. Pero de todos modos ese punto, Orizaba, es el más elevado de Méjico en donde he observado que el mosquito en cuestión se cria permanentemente.

El secretario tradujo al castellano lo dicho por el Doctor Howard.

El PRESIDENTE. ¿Se desea hacer más comentarios sobre el documento del Doctor Howard?

El Doctor Lavorería hizo uso de la palabra en castellano, siendo interpretado por el secretario.

El SECRETARIO. El Doctor Lavorería dice que en el Perú no tienen la fiebre amarilla, bajo ningún aspecto, y que por consiguiente no sabe mucho acerca del *Stegomyia fasciata*, por lo que desearía saber qué temperatura es necesaria para el desarrollo de este mosquito.

Doctor HOWARD. ¿Me hace Vd. el favor de preguntarle si no ocurren casos de fiebre amarilla en Callao?

El secretario hizo esta pregunta en castellano al Doctor Lavorería.

El SECRETARIO. Dice que no sabe; que han ocurrido casos en la costa pero que no se ha registrado ninguno desde 1868.

El PRESIDENTE. Si no hay inconveniente continuaremos discutiendo los artículos de la convención.

Doctor GUITERAS. El último artículo será denominado "Disposición transitoria," si es que este título recibe la aprobación de los delegados. Es un término oficial y se usa en los tratados oficiales; por esto lo hemos adoptado para este último artículo, el cual es como sigue:

DISPOSICIÓN TRANSITORIA.

Los Gobiernos que no han firmado la presente convención pueden adherirse á ella, si así lo desean, dirigiéndose por la vía diplomática al Gobierno de los Estados Unidos de América, á fin de que éste lo comunique á los demás poderes firmantes.

Este párrafo fué leído en castellano por el Doctor Moore, y quedó aprobado.

El Doctor Guiteras leyó el siguiente párrafo:

Hecha y firmada en la Ciudad de Washington, el día catorce de Octubre de mil novecientos cinco, en dos ejemplares, en español y en inglés respectivamente, que se depositarán en el

Departamento de Estado del Gobierno de los Estados Unidos de América, con el propósito de que se remitan por la vía diplomática copias en ambos idiomas á cada uno de los países signatarios.

Doctor GUITERAS. Creo que debemos añadir al final que en caso de duda ó desacuerdo en la interpretación de esta convención prevalecerá el texto inglés.

El PRESIDENTE. ¿Doctor Geddings, recuerda Vd. alguna claúsula por este estilo?

Doctor GEDDINGS. No, señor.

Doctor GUITERAS. Esta claúsula ha sido usada con respecto al texto francés. Se estipuló que en caso de duda el texto francés regiría la interpretación.

Desde el momento en que esta convención está redactada en dos idiomas, debemos usar uno de los dos como guía, y la comisión ha elegido el inglés con este fin.

Se sostuvo una discusión sobre el particular.

El Doctor Guiteras volvió á leer la disposición transitoria en inglés y el Doctor Moore leyó el castellano.

La disposición transitoria fué aprobada.

El Doctor Moore hizo algunas observaciones en español sobre la disposición transitoria.

El SECRETARIO. El Doctor Moore propone que se firma la convención hoy en vez de mañana.

Doctor GUITERAS. Entonces debemos cambiar la fecha, haciéndola 13 en vez de 14.

El PRESIDENTE. Creo que sería muy conveniente que la firmaramos hoy, pero esto depende de que los mecanógrafos la terminen este día.

El Doctor Moore hizo uso de la palabra en castellano.

El SECRETARIO. El Doctor Moore dice que la comisión acordó que se firmará la convención hoy, y que si es imposible que la hagamos este día que se ponga la fecha 13, aunque no se firme hasta mañana. Siento decirle al Doctor Moore que esto no puede hacerse, porque el tratado que se ha de firmar es un acuerdo internacional y debe estar hecho exactamente como dice su texto. No podemos firmarlo mañana diciendo que fué firmado hoy porque esto podría invalidar el tratado. Podemos terminar su discusión hoy y aprobarlo en su totalidad, pero si no podemos firmarlo hoy de hecho no podemos poner la fecha de hoy.

El Doctor Moore hizo uso de la palabra en castellano.

El SECRETARIO. El Doctor Moore dice que retira su propuesta.

El PRESIDENTE. Habiéndose retirado la objeción, discutiremos la aprobación de la disposición transitoria.

Después de discutida la disposición transitoria fué aprobada.

El PRESIDENTE. Alguien ha indicado que se proponga que haya un editor para el texto inglés y otro para el español, con el fin de comparar ambos textos, y que se autorice á los dos editores para que hagan los cambios necesarios sin alterar el sentido.

Doctor GUITERAS. Entonces tendría que escribirse de nuevo todo.

El PRESIDENTE. Nó, no es necesario.

Doctor GUITERAS. Propongo que se nombre una comisión compuesta de dos individuos para que hagan la revisión final de los dos textos, los comparen y hagan las correcciones que crean necesarias en la redacción de ambos textos.

El PRESIDENTE. ¿Qué correcciones?

Doctor GUITERAS. Correcciones gramaticales.

El PRESIDENTE. Sin alterar el sentido.

Doctor GUITERAS. Sí, señor, sin alterar el sentido.

El PRESIDENTE. Habéis oído la propuesta; ¿hay quien la apoye? La proposición fué secundada.

El Doctor Ulloa la tradujo al castellano.

Después de discutida quedó aprobada la propuesta.

El PRESIDENTE. Ha sido aprobada la proposición. ¿Cómo se han de nombrar los individuos de la comisión?

VARIOS DELEGADOS. Por el Presidente.

El PRESIDENTE. Nombro al Doctor Lavorería, delegado del Perú, y al Doctor Gatewood, del Ejército de los Estados Unidos, como editores español é inglés respectivamente, é individuos de la comisión.

Doctor GATEWOOD. Señor Presidente, como el caballero que va á ser mi compañero en la comisión no habla el inglés será casi imposible que podemos comparar los textos inglés y español, consistiendo la comisión de dos miembros, uno que habla el inglés solamente y otro que no habla más que el español.

El SECRETARIO. No es verdaderamente el objeto comparar los dos textos. Simplemente repasarlos y hacer algunas ligeras modificaciones sin alterar el sentido de ningún artículo.

Doctor GATEWOOD. La proposición para que se nombre la comisión dice, entre otras cosas, "comparar". Me parece que debe haber un individuo más, por lo menos, en esta comisión, que habla ambos idiomas. ¿No podría servir el Doctor Guiteras?

Doctor GUITERAS. Muy bien, señor; cambiaré mi proposición pidiendo que sean tres los miembros de la comisión en vez de dos.

La propuesta fué secundada y aprobada.

El PRESIDENTE. Nombro al Doctor Guiteras como tercer miembro de la comisión.

Los delegados sostuvieron una discusión en privado.

¿Hay otros asuntos que se han de someter á la Convención esta tarde?

Doctor GUITERAS. La continuación del programa es el único asunto que tenemos ahora.

El PRESIDENTE. Ya se ha ejecutado casi todo el programa provisional de esta Convención. Ya hemos dispuestos de los asuntos sobre diagnósticos, cuarentenas marítimas y terrestres y las medidas locales para el exterminio de enfermedades. Quedan por discutirse los números tres y cuatro. Son los siguientes:

3. La relación del mosquito con la fiebre amarilla y la palúdica. Precauciones contra la propagación de la fiebre amarilla mediante la destrucción y el exterminio del mosquito.

4. Discusiones sobre el saneamiento de ciudades, particularmente con respecto á la ventilación de habitaciones y la disposición de las basuras de las casas.

Creo que si la comisión de editores estuviera con los mecanografistas al mismo tiempo que trabajan éstos, se haría el trabajo más rápidamente.

Doctor GUITERAS. Hay algunos documentos relativos á la peste y á la fiebre amarilla. El último número del programa se refiere en sí á la fiebre amarilla y á su trasmisión por medio del mosquito.

El PRESIDENTE. Entonces estudiaremos esos documentos. Seguiremos con el programa hasta donde se pueda. Este es un programa provisional solamente, y nos hemos apartado de él muy extensamente.

Doctor MEDINA. Deseo someter una resolución ante la Conferencia. Como las Repúblicas de San Salvador y Honduras no están representadas aquí, se enviará una copia de la convención á cada uno de sus Gobiernos, expresándoles al mismo tiempo el placer que tendría esta Conferencia de que se unan á nosotros para hacer efectivas las medidas prescritas. He hablado de esto con el Doctor Ulloa y el representante de Guatemala, y ambos señores están en favor de mi idea. Estas repúblicas no están representadas, y de acuerdo con la convención se enviarán copias á los poderes signatarios solamente, así pues, para que se puedan enviar copias á dichas repúblicas, propongo que se haga una resolución con este fin y expresándoles el placer que tendría la Conferencia de que ambos países se adhieran á la convención.

El SECRETARIO. Deseo hacer unas cuantas observaciones sólo, con respecto á la intención del Doctor Medina, conforme me la expresó. Aún cuando á mí no me parece que debe hacerse una excepción en estos casos, sin embargo las intenciones del Doctor Medina son buenas, según él me las ha explicado. Como estas Repúblicas están tan próximas á nosotros, y Honduras está en Golfo de Méjico y San Salvador está situado entre Guatemala y Nicaragua, si no observaran los reglamentos que hemos acordado, podrían causar un retraso en el cumplimiento de las medidas por los otros países de la América Central, porque todas ellas se comunican entre sí por las mismas líneas de vapores, y el Doctor Medina dice que á menos que se haga una excepción de estos dos países, tal vez no interpretarían adecuadamente lo que se ha convenido, y que no firmen tan pronto como desearía esta Convención. Cuando me explicó su idea en esta forma asentí á ella. Claro está que es de la incumbencia de la Convención el aprobarla.

Doctor GUITERAS. Propongo que se reforme esa resolución de manera que cuando se publiquen los trabajos de la Convención se envíe un ejemplar á cada uno de los países del Continente Occidental. Yo no me explicó porqué se ha de escoger á dos países particularmente para presentarles los trabajos de esta Convención, dejando á las demás repúblicas.

El PRESIDENTE. No los trabajos de la Convención, sino el tratado que acordemos.

Doctor GUITERAS. Lo que sea; pero yo no veo el por qué se ha de enviar á estas repúblicas solamente y no á las otras. Son nueve las repúblicas que no están representadas en esta Conferencia.

Doctor MEDINA. Mi idea al mencionar estas dos repúblicas solamente fué porque están más interesadas que las otras, hallándose situadas en medio de la América Central. Si las otras repúblicas no se adhieren al tratado yo lo sentiría mucho, pero no tanto como en el caso de estas dos repúblicas, porque si no lo aceptan, nuestros esfuerzos resultarían vanos.

Doctor GUITERAS. Propongo que se envíe un ejemplar á todos los países del Continente Occidental. Hago esta propuesta como una modificación á la resolución presentada.

La propuesta del Doctor Guiteras fué interpretada por el secretario.

Doctor MEDINA. Acepto esa reforma.

El SECRETARIO. La propuesta es que se envíe una copia de la Convención á cada una de las repúblicas que no están representadas en esa Conferencia.

Doctor GATEWOOD. ¿No hay otros países interesados además de las Repúblicas de la América del Sur? Tenemos las Islas de las Indias Occidentales que podrían estar interesadas.

El PRESIDENTE. Esta es una Conferencia de Repúblicas Americanas.

Doctor GATEWOOD. Lo sé; ¿pero habría algún inconveniente en enviar ejemplares de la Convención á los demás países?

El PRESIDENTE. Si desea Vd. proponer que se reforme la resolución en ese sentido puede Vd. hacerlo.

Doctor GATEWOOD. No quisiera hacerlo si está fuera de la cuestión.

Doctor MEDINA. Creo que no es facible enviar ejemplares á las Islas de las Indias Occidentales, porque pertenecen á países extranjeros. Lo propio es enviar los ejemplares á las Repúblicas Americanas solamente, porque son las únicas interesadas.

El PRESIDENTE. La cuestión que se ha de discutir es la propuesta del Doctor Medina reformada por el Doctor Guiteras.

Doctor MEDINA. Modificaré esa propuesta de manera que se envíen ejemplares de la Convención á todas las repúblicas que no están representadas aquí, en vez de ser solamente las dos repúblicas mencionadas, diciéndoles al mismo tiempo que veríamos con placer su adhesión á ese tratado.

El PRESIDENTE. Mejor sería que leyerá Vd. esa resolución según está reformada.

Doctor MEDINA. Entonces es como sigue:

El Doctor Medina, delegado de Nicaragua, presenta una resolución, reformada por el Doctor Guiteras, disponiendo que esta Conferencia se dirija oficialmente á los Gobiernos que no están representados en ella, enviándoles un ejemplar de la Convención y diciéndoles que tendríamos mucho placer si se adhieren á nuestro tratado.

El SECRETARIO. Creo que sería mejor que se someta esta resolución á la junta consultora y que la presente mañana á la Conferencia.

Doctor MEDINA. Muy bien.

El PRESIDENTE. ¿Se desea someter más propuestas ó hay algún documento que se ha de leer?

Doctor GUITERAS. En el programa se habla de la peste bubónica primero, pero si no hay ningún documento sobre ella leeré uno relativo á la fiebre amarilla en Cuba.

El Doctor Licéaga hizo uso de la palabra en castellano.

El SECRETARIO. El Doctor Licéaga quiere que ponga en vuestro conocimiento que en vez de leer el documento impreso que se ha repartido entre Vds., el cual trata de la peste bubónica, hará solamente algunas observaciones sobre él.

El Doctor Licéaga pronunció un discurso improvisado en castellano relativo á la peste bubónica.

El Doctor Lavorería hizo uso de la palabra en castellano.

El Doctor Licéaga contestó al Doctor Lavorería.

Doctor GUITERAS. Como desgraciadamente no tenemos taquígrafo en español, ruego al Doctor Lavorería que escriba sus observaciones para que puedan publicarse en los trabajos de la Conferencia. El Doctor Licéaga tiene su documento impreso en ambos idiomas, pero nada nos quedará de las observaciones del Doctor Lavorería á menos que las presente por escrito.

El PRESIDENTE. ¿Tendría el Doctor Lavorería la bondad de escribir sus observaciones y de enviarlas al secretario?

El Doctor Lavorería habló en castellano.

Doctor GUITERAS. Retiro mi ruego. El Doctor Lavorería dice que en la memoria que ha presentado están incluídas sus observaciones.

El PRESIDENTE. Doctor Moore, ¿desea Vd. hacer algunas observaciones sobre el particular?

El Doctor Moore hizo uso de la palabra en castellano.

El PRESIDENTE. Doctor Moore, ¿tendría Vd. la bondad de escribir sus observaciones y entregarlas al secretario?

Doctor MOORE. Sí, señor, lo haré.

El PRESIDENTE. ¿Se desea hacer más observaciones sobre el asunto de la peste bubónica? Si no, el Doctor Guiteras dará lectura á un documento relativo á la fiebre amarilla.

Doctor GUITERAS. Aquí tengo una memoria sobre la fiebre amarilla en Cuba, desde la fecha de la última Conferencia. Siento haber tenido que redactar esta memoria en forma de argumento en apoyo de la doctrina de la trasmisión de la fiebre amarilla por medio del mosquito. Por más que esta Conferencia la ha aceptado como un hecho positivo, existen algunos países en América en donde no se ha intentado aceptarla como tal y en los que hay gente que aún no está preparada para recibirla. Así es que me alegro de tener esta ocasión para repetir los argumentos en apoyo de esta doctrina.

El Doctor Guiteras dió lectura á su documento (véase el apéndice, pág. 441).

El PRESIDENTE. Estoy seguro que todos debemos estar agradecidos al Doctor Guiteras por este documento tan interesante. Lo considero como trabajo de mucho valor. ¿Se desea hacer algunos comentarios sobre el particular?

Doctor GATEWOOD. Pido que se suspenda la sesión.

A las 6 p. m. se suspendió la sesión hasta el día siguiente, sábado, 14 de octubre de 1905, á las 10.30 de la mañana.

QUINTO DÍA—SÁBADO, 14 DE OCTUBRE.

Sesión de la Mañana.

El Presidente, Cirujano General Wyman, declaró abierta la sesión á las 10.30 a. m.

El PRESIDENTE. El secretario dará lectura al acta de la sesión de ayer.

El acta referida fué leída por el secretario.

El SECRETARIO. Este es un extracto solamente del acta de la sesión de ayer. Las actas de todas las sesiones serán copiadas en su totalidad y se publicarán.

Se propuso que fueran aprobadas las actas, y, una vez apoyada, la propuesta quedó aprobada.

El PRESIDENTE. Ahora sigue el informe de la junta consultora sobre la resolución del Doctor Medina que tenía que poner en forma.

Doctor GUITERAS. En nombre de la Junta, les manifiesto que ésta recomienda á la Conferencia la adopción de la resolución propuesta por el Doctor Medina, en la inteligencia de que la Oficina de las Repúblicas Americanas enviará copias de la Convención á todos los poderes del Hemisferio Occidental.

El PRESIDENTE. Habéis oído la proposición según la presenta la junta consultora, al efecto de que la convención que estamos preparando, relativa á cuarentenas y enfermedades contagiosas, sea trasmitida por la Oficina de las Repúblicas Americanas á todos los países del Centro y Sur América, hayan estado ó no en esta Conferencia. ¿Se desea hacer alguna observación?

La resolución propuesta fué aprobada.

El PRESIDENTE. Como se hallan aún ausentes algunos de los delegados que están muy interesados en los asuntos que se han de discutir relativos á la terminación del convenio, concedo la palabra al Doctor Geddings que tiene algunas breves observaciones que hacer y una resolución que presentar.

Doctor GEDDINGS. Señor Presidente, se ha llamado la atención de la Conferencia al hecho de que en las "Comptes Rendus, Société de Biologie de Paris," de agosto de 1905, según creo, existe una pretensión de los Señores Marchoux y Simon, de la Comisión Francesa del Instituto Pasteur de Paris, cuyos trabajos en Río de Janeiro han sido muy notorios, en la que dicen que han demostrado que el stegomyia infectado produce descendencia infectada. Una alegación de este género es sorprendente, por más que la prensa diaria de Nueva Orleans hizo una declaración similar como una explicación de los casos leves que ocurrieron en aquella ciudad. He tenido el placer de hablar con nuestro estimado colega, el Doctor Guiteras, á quien todos consideramos como el más versado en el asunto, por lo que le rogaría si es que él no tiene inconveniente alguno, ni la convención, que haga algunas observaciones sobre el particular para que sepamos su

opinión si es que está dispuesto á expresar alguna sobre este punto, y también le rogaría que prefigure por el profundo estudio que ha dado á estos asuntos, el efecto sobre la integridad de la doctrina de la trasmisión de la fiebre amarilla por el mosquito, y el efecto posible sobre las medidas de sanidad pública, por lo que pido que el Doctor Guiteras hable sobre el particular, si es que ni él ni la Convención tienen incoveniente.

La proposición del Doctor Geddings fué traducida al castellano por el secretario.

Doctor Guiteras. Mucho sería mi placer, en verdad, si lo que yo diga pueda servir de ayuda en la obra en que todos estamos interesados. Tuve noticia de la publicación que hizo de este descubrimiento la Comisión Francesa del Instituto Pasteur. En su última memoria dicen que han descubierto dos nuevos medios de trasmisión de la fiebre, á los cuales creen que se debe dar importancia. Estos nuevos medios consisten en la infección de los huevos del stegomyia contaminado, y en la trasmisión de la fiebre amarilla en forma de casos benignos, á los naturales de los países en que prevalece este mal. Debo hacer constar que llamé la atención sobre las indicaciones Marchoux y Simon en las reuniones de la Sociedad Médica Parisiense de Nueva Orleans durante mi reciente visita á esa ciudad. La teoría de la trasmisión por medio de los huevos del stegomyia infectado tiene ciertamente mucha importancia; pero á mi me parece que todo indica la probabilidad de un error de opinión, ó de hechos, en esa declaración hecha por esos señores. He leído su publicación original y ellos mismos admiten que solo han tenido un caso—un experimento—que fué en esta forma: Hicieron que stegomyias infectados echaron huevos en el duodécimo día de su infección—y este es un punto interesante, en el cual insisten, que la madre debe poner los huevos cuando está infectada activamente, es decir, cuando está dispuesta á producir la enfermedad mediante la picadura, que es en el duodécimo día después de haber picado á un paciente de fiebre amarilla. Así pues, los huevos fueron puestos en el duodécimo día y después de criarse mosquitos de estos huevos y de que se hicieron varias inoculaciones con los mismos consiguieron producir un solo caso de fiebre amarilla. Como es obvio, los experimentos de esta clase no tienen mucho peso, sobre todo si se han llevado á cabo en una localidad contaminada—en Rio de Janeiro—porque la infección de ese único caso pudo haber sido producida por un mosquito contaminado. Ellos mismos admiten, ó por lo menos reconocen que quita mucha fuerza á su argumento, que solamente pueden presentar un caso.

Además, por los experimentos hechos en la Habana, objeto contra este supuesto nuevo medio de transmisión de la fiebre amarilla. Siento que esos experimentos de la Habana no estén registrados cuidadosamente de modo que hayan podido servir de muestra para cualquier investigación científica, pero de todos modos tienen algún peso, y espero que el Doctor Carroll, á quien se le han concedido las prerrogativas de la Convención, nos dará á conocer su parte de los experimentos que voy á mencionar. He dicho que hemos hecho en la Habana experimentos que contradicen la opinión de Marchoux. Los que yo llevé á cabo en Las Animas contradicen esa nueva teoría en esta forma. En realidad de verdad, todos los mosquitos que usábamos en nuestra estación experimental de la Habana, desde un principio,

qrocedían de mosquitos infectados. Es decir, empezamos con mosquitos que habían sido alimentados en pacientes de fiebre amarilla, puedando infectados de ese modo, y esos mosquitos ponían huevos y en esta forma se fueron multiplicando. Los mosquitos nuevos obtenidos así se alimentaban en personas no inmunes. Dos individuos de estos metían constantemente sus manos en el jarro que contenía estos mosquitos, con el fin de alimentarlos y para que pusieran huevos. Así pues estuvimos haciendo el experimento constantemente sin notarlo. Pero recuerdo haber llamado la atención de varios caballeros, en dos ocasiones, sobre este particular, diciéndoles "He aquí un mosquito, producto de mosquitos infectados, alimentado en individuos no inmunes y criado de los huevos puestos por una hembra contaminada, y sin embargo, no puede trasmitir la enfermedad." Por lo que la infección no es hereditaria en el stegomyia como sucede en el caso de la fiebre tejana con la garrapata. Varias veces llamé la atención de algunas personas sobre este particular, por más que no tomamos nota de ello. Creo que el Doctor Carroll les dirá lo mismo. Tengo entendido que él hizo experimentos semejantes, y que vió en varias ocasiones á personas no inmunes al ser picadas por mosquitos criados de huevos de mosquitos infectados, los mosquitos á que hacen referencia Marchoux y Simón.

Por último, me parece que si fuera cierto que la infección de la fiebre amarilla puede ser trasmitida por la hembra infectada á los huevos, hubiera sido absolutamente imposible causar la desaparición del mal de la Habana, como lo hemos hecho. Si esa teoría fuera cierta, abandonaría todas las esperanzas que tengo de hacer desaparecer del mundo la fiebre amarilla. Me parece que sería imposible combatir el mal si existiera tan activo medio de propagación, que estaría fuera de nuestro dominio, porque son innumerables los huevos que los mosquitos ponen durante su existencia, todos los cuales, según esta teoría, podrían producir mosquitos infectados.

Hay otra cuestión envuelta en esta teoría de Marchoux—al menos yo creo que lo está—y es la de que la fiebre amarilla ocasionada por un mosquito criado de supuestos huevos infectados es de un carácter benigno. Creo que éste es un error fundamental; si la fiebre amarilla trasmitida en esta forma fuera de un carácter benigno, el mal hubiera desaparecido de la tierra, desde hace mucho tiempo, por sí mismo. Hubiera habido un proceso de inoculación natural de la enfermedad, porque creo, y todos Vds. lo admitirán, que los casos producidos por dichos huevos deben ser mucho más numerosos que los producidos directamente por las hembras infectadas, porque una madre puede producir solamente, durante su vida de 150 días, picando cada tres días, 50 casos de fiebre amarilla, en tanto que puede poner de 400 á 500 huevos—quizás varios cientos—de los cuales se producen varios cientos de mosquitos, que ocasionarían casos benignos de la enfermedad; de modo que en tanto que la hembra produce sólo 50 casos, tendríamos que este constante proceso de inoculación se verifica en la raza humana, en forma de casos benignos, y la enfermedad hubiera desaparecido por la inoculación natural.

Estas son las objeciones que presento contra la teoría de Marchoux y Simon.

El Doctor Guiteras repitió sus declaraciones en castellano.

El Presidente. Tendríamos mucho gusto en oir la opinión del Doctor Carroll.

Doctor CARROLL. Estoy conforme sinceramente con todo lo que ha dicho el Doctor Guiteras sobre el particular. No creo que es prudente aceptar la teoría de esos caballeros basada en un solo experimento que no está confirmado, porque podemos presentar otro experimento que se hízo con el fín de comprobar esa misma teoría. Después que habíamos terminado casi todo nuestro trabajo en uno de estos sitios, colocamos un número de mosquitos incubados de huevos puestos por hembras infectadas, en un jarro, é hicimos que un indivíduo no inmune metiera la mano en él, la cual fué picada por los insectos unas treinta ó cuarenta veces. No esperamos ningún resultado, y efectivamente nada ocurrió.

Nuestros insectos no se obtuvieron en exactamente la misma forma que ha indicado el Doctor Guiteras. Los primeros los obtuvimos de los que nos facilitó el Doctor Finlay. Casi toda la segunda cría la obtuvimos de insectos cogidos en los cuarteles de Santa Bárbara.

Doctor GUITERAS. ¿Y no es posible que entre esos mosquitos hubiera algunos infectados?

Doctor CARROLL. Sí, señor, lo admito.

Doctor GUITERAS. Es probable.

Doctor CARROLL. Fueron incubados y criados en el laboratorio de la guarnición, y sólo después fueron llevados al laboratorio especial en donde se conservaban nuestros mosquitos infectados, y una vez contaminadas, sus crías se encerraban en la jaula de mosquitos contaminados.

Creo que no debemos aceptar la teoría en cuestión, que es como otras muchas del mundo científico, hasta que reciba confirmación. Es evidente que no se tomaron las precauciones necesarias, y no es prudente aceptarla.

Y además, como dice el Doctor Guiteras, si aceptáramos la posibilidad de la infección de la descendencia de mosquitos contaminados, la desinfección de habitaciones contaminadas no haría desaparecer la enfermedad tan completamente como se ha hecho en La Habana. Creo que el Doctor Licéaga puede hacer algunas observaciones interesantes sobre el particular, por la experiencia que tiene de Méjico.

Doctor GUITERAS. Trataré de vertir al castellano, brevemente, la esencia de lo que ha dicho el Doctor Carroll, porque ésta es una cuestión en la que algunos de nuestros colegas latino-americanos podrán ayudarnos con su opinión.

El Doctor Guiteras tradujo al castellano las declaraciones del Doctor Carroll.

El Doctor Licéaga hízo uso de la palabra en castellano.

El SECRETARIO. El Doctor Licéaga dice que felicita al Doctor Guiteras por la excelente explicación que ha dado sobre el particular, la cual, no solamente la considera como una contradicción de la teoría de Marchoux y Simon, sino que tambien dice que ha dado un mentís á estos caballeros por haber afirmado algo basado en un solo caso. Dice que según su conocimiento no hay ninguna enfermedad aguda cuya infección sea trasmitida por la descendencia ó por los huevos de los insectos. Confirma la opinión del Doctor Guiteras de que si la teoría de Marchoux y Simon fuere cierta, la desaparición de la fiebre amarilla que se ha efectuado en la Habana de una manera tan eficaz hubiera sido completamente imposible. Dice que los experimentos y las opiniones de los Doctores Carroll y Guiteras son suficientes, á su jucio, para convencernos de la falsedad de la teoría

expuesta por los doctores de la comisión del Brasil. Dice que un argumento que pudiera usarse contra esta opinión es el que los Doctores Marchoux y Simon admiten que su teoría es algo debil porque solamente tuvieron un caso en sus experimentos, y además, que no han podido decir de una manera cierta si este caso fué producido por un mosquito infectado; y que, como el Doctor Guiteras ha dicho, los experimentos se llevaron á cabo en un sitio contaminado de fiebre amarilla, en la donde la picadura de un mosquito era cosa bien factible.

El Doctor Licéaga terminó diciendo que este punto débil de la teoría de Marchoux y Simon está en contradicción manifiesta con los puntos demostrados por el trabajo de los Doctores Carroll, Guiteras, Reed y otros que hicieron experimentos en la Habana, quienes, si bien al principio no pudieron afirmar los hechos con seguridad, gracias á experimentos minuciosos y prolongados, que han dado como resultado la prevención contra la fiebre amarilla, han establecido sus opiniones como una verdad.

El PRESIDENTE. Tenemos entre nosotros el jefe del Departamento Médico del Servicio de Hospitales Marítimos, y quisiera rogarle que nos exponga su opinión sobre el particular.

Doctor STILES. Estoy en todo conforme con lo dicho por los Doctores Guiteras y Carroll de que no hay razón para que nos atemorizemos por esta declaración de París. Pero en justicia á nuestros cólegas franceses debemos recordar una manifestación que hacen en su artículo, á saber, que tal método de transmisión es excepcional. Esto es lo que pretenden. No dicen que este sea un modo ordinario de transmisión, sino solamente que es excepcional, y en esta manifestación no veo nada que contradiga las declaraciones hechas por nuestros buenos amigos los Doctores Guiteras y Carroll. Es muy posible que hayan hecho cincuenta ó cien experimentos de esta clase en Cuba y que todos hayan resultado nulos, pero no es una prueba concluyente. Además, debemos tener presente de que existen por lo menos unas seis enfermedades que se transmiten de una generación á otra en los insectos. De ninguna manera soy de la opinión que debemos aceptar inmediatamente esa teoría que ha venido de París, pero sí debemos estar dispuestos para recibir nuevas pruebas. No es prudente rechazar de repente una teoría como ésta. Pongamos, por ejemplo, la fiebre palúdica; según Schaudinn se ha demostrado que esta fiebre puede ser transmitida de una generación á otra de mosquitos. La enfermedad de Pehrin es hereditaria en el gusano de seda. Existen enfermedades flagelantes que son transmitidas del mismo modo en las moscas. Existen dos enfermedades en una especie de buho de Alemania, las cuales, según se dice, son hereditarias en el parásito llamado *Culex*. Ahora bien, hasta que sepamos de un modo determinado cuál és el parásito de la fiebre amarilla, creo que será difícil que podamos decir terminantemente que no es hereditario en el mosquito. Me parece probable que el parásito de la fiebre amarilla resulte ser con el tiempo un organismo más ó menos relacionado íntimamente con los parásitos de la misma clase general de enfermedades como las que he mencionado; es decir, un organismo que venga á estar entre los infusorios y los esporozoarios. También podría citarse la fiebre tejana del ganado y la hemoglobinuria en los perros—la plasmosis canina—á guisa de comparación.

En vista del hecho de que sabemos hay un número de enfermedades que son hereditarias en el parásito intermediario, creo que es muy

prematuro el rechazar tan de súbito esta teoría francesa. Debemos, simplemente, estar preparados, y si nuestros colegas franceses pueden demostrar que esta enfermedad es hereditaria en el mosquito, como se ha demostrado en otras enfermedades, hagámosles justicia, recordando que ellos no dicen que este no es un medio ordinario de transmisión; dicen claramente que es un medio excepcional.

Las observaciones del Doctor Stiles fueron traducidas al castellano por el Secretario.

El Secretario. Doctor Stiles, varios delegados preguntan si Vd. dijo que la fiebre palúdica es transmisible por herencia en el agente intermedio.

Doctor Stiles. Sí, según Schaudinn el parásito de la fiebre palúdica es transmisible de la hembra del mosquito á la siguiente generación. Esta teoría fué publicada en 1894 por la Oficina Imperial de Sanidad de Alemania. Se descubrió que este parásito pasa de una generación á otra. No ha habido casos clínicos basados en tal teoría, pero se ha visto al parásito trasladarse á los huevos.

El Presidente. El Doctor Guiteras desea presentar á la Conferencia un asunto importante.

Doctor Guiteras. Señor Presidente, deseo presentar una serie de artículos para que sean añadidos á la Convención que ya hemos aprobado en nuestra última sesión, los cuales deben numerarse 28a, 28b, 28c y 28d, con el fin de no alterar la numeración del original francés, y para evitar que sean colocados al final, como al principio pensé hacer, en donde no estarán adecuadamente. Estos artículos son cuatro.

El Secretario. Mejor sería llamarlos artículos adicionales. Es el único modo de hacerlo.

Se sostuvo una discusión en castellano.

Doctor Guiteras. Propongo que estos artículos adicionales sean insertados después del último artículo aprobado en nuestra última sesión. El último artículo lleva el número 45, por lo que estos artículos adicionales serán numerados 46, 47, 48 y 49.

El Presidente. ¿Estan bajo el epígrafe de "Artículos referentes á la fiebre amarilla"?

Doctor Guiteras. Sí, señor, ese es el epígrafe.

El Presidente. Ruego al Doctor Moore que tome la copia española de estos artículos y los vaya leyendo después de los que están en inglés, como se hizo en la primera parte de la Convención.

El Doctor Guiteras leyó el siguiente artículo:

Artículo 46. Con respecto á los buques infectados de fiebre amarilla se observará el régimen siguiente:

1. Visita médica (inspección).
2. Los enfermos serán desembarcados inmediatamente en una lancha protegida contra los mosquitos por tela de alambre, y conducidos al lugar de aislamiento en una ambulancia ó camilla igualmente protegida contra los mosquitos.

El Doctor Moore leyó esta parte del artículo 46 en castellano.

El Presidente. ¿Debemos aprobar estos párrafos antes, ó todo el artículo en conjunto?

Se sostuvo una breve discusión.

El Presidente. Leerémos este artículo párrafo por párrafo, y si alguien tiene alguna pregunta que hacer ú objeción que presentar, la hará después de la lectura del respectivo párrafo. Continuarémos con la lectura hasta haber leído todo el artículo, y después discutiremos su aprobación.

Lo dicho por el Presidente fué interpretado por el Doctor Ulloa.

El Doctor Guiteras continuó con la lectura del artículo 46:

3. Las demás personas deben ser también desembarcadas, si es posible, y sometidas á una observación de seis días, á contar desde el de la llegada.

Este párrafo fué leído en castellano por el Doctor Moore.

El PRESIDENTE. Debe tenerse presente que toda alteración en la fraseología debe ser propuesta ahora, tanto en español como en inglés. De otro modo las copias, conforme se vayan leyendo, se entregarán á los copistas.

El secretario interpretó estas palabras del Presidente.

El Doctor Guiteras continuo con la lectura del artículo 46:

4. En los campamentos de observación habrá casetas ó jaulas alambradas donde se recluirá inmediatamente á toda persona que presente una temperatura superior á 37.6° C., hasta que se le pueda conducir en ambulancia ó camilla ad hoc al lugar de aislamiento.

5. El buque deberá anclar á una distancia de 600 pies, por lo menos, de tierra habitada. habitada.

El Doctor Barnet hizo uso de la palabra en castellano.

Doctor GUITERAS. El Doctor Barnet propone que pongamos en la copia española "200 metros," porque en los países latinos está en uso el sistema métrico, siendo 200 metros equivalentes á 600 pies.

Doctor GEDDINGS. Yo propondría que se ponga "200 metros" en ambos idiomas, porque 600 pies no es el equivalente exacto de 200 metros, aunque lo sea aproximadamente.

Doctor GUITERAS. No son menos.

Doctor GEDDINGS. Nó, señor, en todo caso más.

El PRESIDENTE. Entonces, pondrémos "200 metros" en vez de 600 pies."

Doctor GUITERAS. En este caso el párrafo 5 dirá:

5. El buque deberá anclar á una distancia de 200 metros, por lo menos, de la tierra habitada.

El Doctor Guiteras continuó la lectura del artículo 46, como sigue:

6. Siempre que sea posible se fumigará el buque contra los mosquitos, antes de la descarga, pero si la fumigación no fuese practicable, la autoridad sanitaria podrá disponer uno de estos dos medios, á saber:

(a) El empleo para la descarga de un personal inmune, ó (b) si esto fuese imposible, se sujetará á observación al personal de descarga durante el tiempo de esta y por seis días más á contar desde el último de exposición á bordo.

El PRESIDENTE. Ahora votarémos la aprobación de este artículo en conjunto. Será denominado con el número 46, y el último artículo tendrá que ser cambiado á otro número.

El artículo 46 fué aprobado.

El Doctor Guiteras leyó el artículo 47, como sigue:

ARTÍCULO 47. Los buques sospechosos de fiebre amarilla serán sometidos á las medida-indicadas en los incisos 1, 3 y 5 del artículo anterior, y cuando no sean fumigados se descargarán mediante los requisitos señalados en el párrafo (a) ó (b) de dicho artículo.

El Doctor Moore leyó este artículo en español.

El Doctor Barnet hizo uso de la palabra en castellano, mas sus observaciones no fueron interpretadas al inglés.

El artículo 47 fué aprobado.

El Doctor Guiteras leyó el artículo 48, como sigue:

ARTÍCULO 48. Los buques inmunes de fiebre amarilla, procedentes de puertos infectados, serán puestos en libre plática después de la visita médica de inspección, si el viaje ha durado más de seis días. Si este ha sido más corto se tratará al barco como sospechoso hasta que se complete el período de seis días, á contar desde el de la partida.

Si se presentare un caso de fiebre amarilla entre los pasajeros ó tripulantes durante el período de observación se tratará al buque como infectado.

El PRESIDENTE. En la primera línea de este artículo, según la copia que tengo aquí, se usa la palabra "indemne" en vez de "inmune."

Doctor GUITERAS. En mi copia está también "indemne."

El PRESIDENTE. Vd. leyó "inmune."

Doctor GUITERAS. Ciertamente que llamaríamos "indemne" á un buque procedente de un puerto infectado y que no ha tenido ningún caso de fiebre amarilla, ¿no es así? No llamaríamos "sospechoso" á un buque que viene del río San Lorenzo, en el norte, por ejemplo. Sería un buque indemne, procedente de un puerto limpio.

Doctor GEDDINGS. Lo que se quiere decir en este caso es un buque procedente de un puerto infectado y en el que no ha ocurrido caso alguno de fiebre amarilla.

Doctor GUITERAS. ¿Cómo se llamaría á un buque que está completamente libre de la enfermedad? Esto no aparece en la convención forma alguna.

El PRESIDENTE. Sería un buque solamente. [Risas.]

El Doctor Guiteras volvió á leer el artículo 48, cambiando la palabra "inmune" por "indemne."

El Doctor Moore leyó el artículo 48 en castellano.

El artículo 48 fué aprobado.

El Doctor Guiteras leyó el artículo 49, como sigue:

ARTÍCULO 49. Se permitira inmediatamente el desembarco de todo individuo que demuestre ser inmune á la fiebre amarilla, á la satisfacción de la autoridad sanitaria del puerto de arribo.

Este artículo fué leído en castellano por el Doctor Moore.

El artículo 49 fué aprobado.

El PRESIDENTE. Las copias mecanografidas del convenio que acabamos de aprobar, artículo por artículo, están listas. Ruego al Doctor Gatewood que lea la copia en inglés y al Doctor Lavorería que lea la copia en español, con el fin de que si hay algún defecto técnico en cualquiera de ambas copias, ó si hay alguna parte dudosa en la fraseología ó error gramatical en el lenguaje, se llame la atención á ello inmediatamente para que se corrija aquí mismo, puesto que esta es la copia final que ha de ser firmada por nosotros. De este modo se habrá observado el mayor cuidado para que las copias inalteradas en español y en inglés sean firmadas de hecho por los delegados de esta Conferencia. El trabajo de mecanografiar estas copias está casi terminado, y podemos comenzar con las páginas terminadas dando así tiempo para que se terminen las que están sin hacerse, con lo cual no habrá demora alguna.

Las observaciones que preceden fueron interpretadas al castellano por el secretario.

El preámbulo fué leído en inglés por el Doctor Gatewood.

Habiéndose designado al Dr. H. L. E. Johnson en el preámbulo como "miembro de la Asociación Médica Americana," dicho señor rogó que se cambiará ese título por el de "miembro de la Junta Directiva de la Asociación Médica Americana."

Esta alteración fué aprobada.

La lectura de las copias finales de la Convención fué continuada por el Doctor Gatewood en inglés, y el Doctor Lavorería en castellano, hasta la una y veinte minutos de la tarde, en cuya hora se suspendió la sesión hasta las de la misma tarde.

Sesión de la Tarde.

El presidente declaró abierta la sesión á las dos y media de la tarde.

El PRESIDENTE. Continuaremos con la lectura de los artículos. Quedamos en al artículo 8.

La lectura de la Convenicón fué continuada en inglés y en castellano.

El PRESIDENTE. Se desea hacer una averiguación con respecto á los "Consejos sanitarios internacionales" que se mencionan en el artículo 10. Esta Convención tiene una Oficina Sanitaria Internacional, pero no sé si la palabra "consejos" se ha puesto con la intención de que tenga un sentido más lato, ó de que se refiera á cualquier clase de consejos ó los nacionales.

Doctor GEDDINGS. Los consejos sanitarios internacionales mencionados en el Convenio son el Consejo Sanitario Internacional de Constantinopla y el Consejo Sanitario y de Cuarentenas de Egipto.

El PRESIDENTE. Está incluída también nuestra Oficina Sanitaria Internacional?

Doctor GUITERAS. Sí, señor.

Doctor GEDDINGS. Lo hemos dejado deliberadamente, creyendo que esas notificaciones debían hacerse á las Repúblicas de Centro y Sur América, á los Estados Unidos y la Oficina Sanitaria Internacional.

El PRESIDENTE. No tenemos nada que ver con las naciones extranjeras. ¿No lo entiende Vd. así, Doctor Geddings?

Doctor GEDDINGS. Mi manera de entender es que se dejó simplemente con el fin de no variar el texto, pero la Oficina Sanitaria Internacional quedó incluída dentro del significado de ese párrafo.

El PRESIDENTE. En ninguna otra parte de esta Convención, hasta donde se ha leído, se hace referencia á otros consejos sanitarios internacionales que los de las Repúblices Americanas.

Doctor GEDDINGS. Eso es cierto.

El PRESIDENTE. ¿Entonces por qué habremos de usar esa frace aquí? Es algo confusa. No sé que es lo que opinaran los demás miembros de la Convención, pero creo que este es un punto que debe ser discutido, si se debe cambiar esa frase á "Oficina Sanitaria Internacional," ó nó.

Doctor GEDDINGS. Propongo que se haga eso cambio.

Esta propuesta fué secundada.

El PRESIDENTE. Se ha propuesto que las palabras "consejos sanitarios internacionales" sean cambiadas por "Oficina Sanitaria Internacional," que es la oficina establecida por esta Convencion.

La cuestión fué discutida y quedó aprobada la propuesta.

La lectura de la Convención fué continuada en inglés y en español hasta el artículo 21, en cuyo punto el Doctor Licéaga hizo uso de la palabra en castellano, siendo traducidas sus observaciones al inglés por el Doctor Ulloa. El Doctor Licéaga dijo que, habiéndose fijado en la última sesión la distancia de 200 metros, debia cambiarse la última parte del artículo 20, que deja á la discreción de las autoridades sanitarias el fijar la distancia en que deben anclar los buques, de la orilla.

Doctor MEDINA. Se fijó el mínimum de modo que las autoridades pudieran prescribir distancias más largas.

Los Doctores Licéaga, Medina y Moore sostuvieron una discusión.

El SECRETARIO. Dice "una distancia de 200 metros por lo menos." El Doctor Licéaga está conforme con ello.

Doctor GATEWOOD. En esta nota al pie relativa á la palabra "tripulación," existe en el texto español la disposición de que esa palabra debe ser interpretada en la forma definida siempre que aparezca en la Convención.

El SECRETARIO. Sí, eso esta en el texto español. Está bien.

La lectura del Convenio, en español y en inglés, fué continuada hasta el final del artículo 33.

El PRESIDENTE. Hay un punto que debe aclararse, y es la parte que dice que un buque no será desinfectado por segunda vez. Quisiera saber si esto es incompatible con nuestra desinfección de lo que llamamos buques de línea. ¿Se refiere ese artículo á todas las enfermedades ó solamente á algunas?

El Doctor Gatewood volvió á leer el artículo 33.

El PRESIDENTE. ¿No impediría esa disposición la nueva desinfección de un buque en un puerto del sur?

Se sostuvieron discusiones en inglés y en español.

El PRESIDENTE Muy bien; continuemos.

El Doctor Gatewood leyó el artículo 34 en inglés.

UN DELEGADO Quisiera preguntar ¿cuál es la definición de las palabras "vapores correos?"

El PRESIDENTE. Son palabras tomadas de la convención de París. ¿Fueron discutidas esas palabras allá, Dr. Geddings?

Doctor GEDDINGS. Por ejemplo, son buques correos los que hacen viajes entre puertos de la América Británica y los del norte de los Estados Unidos, los cuales están exentos de las medidas relativas á certificados de sanidad. Hay buques correos que viajan en los lagos.

Doctor GATEWOOD. Y los buques correos que cruzan el Canal de la Mancha de Calais á Dover. Consultando un diccionario se encontrara la definición de las palabras "buques correos" (packet), como esta:

Originalmente buques empleados por gobiernos para llevar despachos y correspondencia y que por lo tanto tenían un carácter naval ó militar. Por extensión se aplica á los buques que trasportan materiales y tienan un día fijo de salida.

Los vapores trasatlánticos caerían dentro de este significado.

Doctor ULLOA. He aquí una definición del Diccionario de Webster:

Buque correo (packet): Origialmente era un barco empleado por un gobierno para llevar despachos y correspondencia. Por extesión, se aplica á los barcos que trasportan correspondencia, pasajeros y mercancías.

Doctor GATEWOOD. Eso es.

El PRESIDENTE. ¿Hay inconveniente en dejar esas palabras con tal significado?

Doctor GATEWOOD. Los "packets" son buques correos.

El PRESIDENTE. Evidentemente se ha intendado aplicar esas palabras á puertos que no están muy distantes uno de otro.

Dr. GATEWOOD. Según mi entender "packet" es un buque que hace uno ó dos viajes al día, y por lo tanto hace la travesía dentro de un pequeño radio desde el punto de partida. Pero una barca de pasaje (ferry boat), que no lleva correspondencia ni despachos, no caería dentro de ese significado.

El SECRETARIO. Los llamaremos "barcos de cabotaje" en español. Son los que viajan entre distintos puertos del mismo país.

Doctor GATEWOOD. Si es entre distintos puertos del mismo país, ¿porqué dice el artículo en cuestión: "Los vapores correos serán

objeto de un régimen especial que se establecerá de común acuerdo entre los países interesados"?

El SECRETARIO. Es verdad.

El PRESIDENTE. Creo que se puede dejar tal como está.

El Doctor Gatewood leyó el artículo 35 en inglés, y el Doctor Lavorería lo leyó en castellano.

Se sostuvo una discusión en castellano entre los Doctores Moore y Guiteras, la cual no se interpretó al inglés.

La lectura de la convención fué continuada hasta el artículo 41.

El Doctor Gatewood leyó el artículo 42, como sigue:

ARTÍCULO 42. Los coches que hacen el trasporte de pasajeros, del correo y de equipajes no pueden ser retenidos en las fronteras.

El PRESIDENTE. La palabra "retenidos" fué cambiada por "detenidos," ¿no es así?

Doctor GEDDINGS. No, no; se dejo "retenidos" después de una discusión. Decidimos dejarla así.

La lectura de la convención fué continuada hasta el artículo 48.

Doctor GEDDINGS. Con respecto al segundo párrafo del artículo 48, el artículo que tenemos ante nosotros dice:

Los buques indemnes de fiebre amarilla, procedentes de puertos infectados, serán puestos en libre plática después de la visita médica de inspección, si el viaje ha durado más de seis días.

Ahora bien, los reglamentos de cuarentena de los Estados Unidos preveen el mismo caso, pero van más adelante, disponiendo que si la duración del viaje excede de cinco días y es menor de diez, se observará el mismo procedimiento; pero si el viaje excede de diez días el buque tiene que ser desinfectado y puesto en observación. Esta regla está basada en el hecho de que si ocurre á bordo un caso benigno de fiebre amarilla, el paciente puede haberse repuesto lo suficiente para pasar una inspección médica satisfactoria, pero puede haber infectado los mosquitos que hay á bordo, y dado origen á otros casos. Cuando esta mañana se estaba discutiendo este artículo, se indicó que se insertara una disposición similar, pero parece que hubo razones por las cuales no se hizo así, y sin deseo de reservar ningún derecho para los Estados Unidos, creo que en casos análogos esta nación tendrá que recurrir á alguna disposición general de la Convención que permita que se dicten reglamentos especiales á la discreción de las autoridades sanitarias para prevenir circunstancias especiales.

Doctor GATEWOOD. ¿Se podría hacer eso si así se declarara específicamente?

Doctor GUITERAS. Con respecto al hecho de la necesidad de desinfección en estos casos, debe recordarse que los reglamentos de los Estados Unidos evidentemente no hacen referencia á lo que hemos definido aquí como "buques indemnes" con respecto á la fiebre amarilla. Hemos hecho una definición especial de los buques indemnes con respecto á la fiebre amarilla, en la cual se dice que el buque no ha estado á tal distancia de la orilla que haga posible el acceso de los mosquitos al mismo. Por lo tanto no puede haber mosquitos en un buque tal como se ha definido. Los buques que se sujetan á fumigación en los Estados Unidos no son los indemnes á que se refiere esta definición. Hay buques que pueden contener mosquitos infectados, pero los que se mencionan en la definición de que se trata no pueden contenerlos, porque se dice claramente que deben

haber anclado á tal distancia de la orilla que no permita el acceso de mosquitos. Por todo lo cúal no creo que los Estados Unidos tengan necesidad de cambiar su procedimiento actual con respecto á estos buques.

El PRESIDENTE. ¿Es esta explicación satisfactoria para Vd., Doctor Geddings?

Doctor GEDDINGS. Sí, señor; con esa explicación el párrafo está bien.

Doctor GUITERAS. Supongo que esta explicación se hará constar en el acta.

El PRESIDENTE. Sí, señor. El taquígrafo toma nota de todo lo que se dice; todo ello se hace constar en las actas.

La lectura de la convención fué continuada en ambos idiomas por los Doctores Gatewood y Lavorería, respectivamente, hasta el final de la disposición transitoria.

Los Doctores Barnett y Lavorería sostuvieron una discusión en castellano.

El SECRETARIO. El Doctor Lavorería propone que en vez de decirse que se enviarán copias de la convención á cada país representade, se diga que se enviarán copias en inglés y en español á cada uno de los países signatarios de esta Convención.

Doctor BARNETT. Porque el texto inglés es el que ha de servir de guía.

El PRESIDENTE. Sí, es verdad.

Se sostuvo una discusión en castellano.

Doctor GUITERAS. El Doctor Licéaga ha presentado una proposición que voy á interpretar.

El Doctor Licéaga propone que en vez de decirse que el texto inglés servira de base ó guía, se diga que en caso de duda servirá la interpretación del texto inglés.

El SECRETARIO. No, no, que prevalecerá el texto inglés—que la interpretación del texto inglés prevalecerá.

Doctor GUITERAS. Sí, que la interpretación del texto inglés prevalecerá.

Doctor GATEWOOD. Entonces dirá:

ARTÍCULO 50. Se estipula que en caso de dudas para interpretar esta Convención prevalecerá la interpretación del texto inglés.

Doctor GUITERAS. Eso es.

El PRESIDENTE. ¿No hay inconveniente para que se haga el cambio? Entonces creo que deben añadirse las palabras "en ambos idiomas" en la última cláusula de la disposición transitoria, de modo que se lea como sigue—

con el propósito de que se remitan por la vía diplomática copias en ambos idiomas á cada uno de los países signatarios.

¿Queda aprobado este cambio?

No habiendo objeción alguna se considera aprobado.

Creo que la convención tal como se ha redactado en ambos idiomas ha sido leída y aprobada artículo por artículo. Ahora es necesario aprobarla en conjuncto. Espero que se haga una proposicíon al efecto.

Doctor JOHNSON. Señor Presidente, propongo que sea aprobada en su totalidad la convención tal como se ha leído y aprobado artículo por artículo.

Doctor GUITERAS. Apoyo esta propuesta.

El Secretario tradujo al castellano esta proposición.

La convención fué aprobada en su totalidad.

El PRESIDENTE. La convención ha quedado aprobada. (Muchos aplausos.)

El Doctor Medina hizo uso de la palabra en castellano.

El SECRETARIO. El Doctor Medina propone que se publique esta convención y que se envien copias de ella á cada uno de los delegados. Tengo el placer de comunicar al Doctor Medina que ya se ha decidido la publicación del convenio y que se enviarán copias del mismo á los delegados tan pronto como se termine; como casi todos ellos irán á Nueva York, pueden ir á recoger los ejemplares á mi oficina, ó mandar por ellos, y yo les daré tantos como deseen—diez ejemplares para cada uno, si los necesitan.

El PRESIDENTE. ¿Desea Mr. Fox hacer uso de la palabra?

Mr. FOX. Señor Presidente, como la Oficina de las Repúblicas Americanas existe para llevar á cabo los deseos de las mismas, creo que es mejor que ésta sea quien se encargue de enviar los ejemplares y de ver que se imprimen y arreglan.

El SECRETARIO. Claro está que esa Oficina se encargará de la impresión de los ejemplares. Hice mi indicación para la conveniencia de los delegados.

El Doctor Licéaga hizo uso de la palabra en castellano.

El SECRETARIO. El Doctor Licéaga dice que el objeto no es obtener copias oficiales. Éstas serán enviadas por la Oficina de las Repúblicas Americanas.

No deseo entremeterme en las funciones de la Oficina de las Repúblicas Americanas, sino que mi intención es simplemente facilitar el trabajo de los delegados para que puedan redactar sus memorias para los respectivos gobiernos.

Mr. FOX. Le aseguro á Vd. que nuestra Oficina se hará cargo de ello inmediatemente.

El SECRETARIO. Lo hago para la conveniencia de los delegados, porque se marchan muy pronto, y desean redactar sus recpectivas memorias.

Mr. FOX. Ya comprendo.

El PRESIDENTE. Hay algunas resoluciones que la junta consultora ha preparado, y el Doctor Moore las leerá.

El Doctor Moore leyó estas resoluciones en castellano.

El Doctor Guiteras las leyó en inglés.

Son como sigue:

Por cuanto la República de México y la Zona del Canal de Panamá, mediante de la aplicación de la doctrina de la trasmisión de la fiebre amarilla por el mosquito, al saneamiento público, están aproximandose rápidamente á la consecución del exterminio final de dicho mal, y

Por cuanto la República de Cuba, mediante la aplicación de la misma doctrina ha mantenido y sigue manteniendo su territorio libre de la fiebre amarilla, y

Por cuanto á causa de la falta de preparación para aplicar estas medias, se ha propagado la fiebre amarilla en ciertos países, y

Por cuanto, en la ciudad de Nueva Orleans una epidemia, que desgraciadamente permitieron las autoridades del estado que se arraigara firmente, ha sido atajada y gradualmente extinguida mediante la aplicación de dichos métodos en medio de la población de personas no inmunes más grande que ha sido expuesta á la fiebre amarilla,

Por o tanto se resuelve:

1. Que esta conferencia considera estos resultados como una prueba más de la exactitud de la doctrina de que la fiebre amarilla es trasmitida únicamente mediante la picadura de un mosquito infectado.

2. Que la convención es de la opinión de que al principio de una epidemia se puede establecer fácilmente un plan eficaz de defensa basado en esta doctrina.

3. Que la próspera ejecución de este plan depende de la perfecta comprensión de esta doctrina por el pueblo, y del apoyo que éste preste dando noticia pronta y francamente de los primeros casos y de los sospechosos y cuidándolos adecuadamente.

4. Que son merecedoras de la censura de la Conferencia las autoridades sanitarias que no notifiquen á tiempo la presencia de la fiebre amarilla en sus respectivos territorios.

5. Que la conferencia dé la enhorabuena á las Repúblicas de México y Cuba y la Zona del Canal de Panamá por el éxito que han obtenido, así como también al Servicio de Sanidad Pública y Hospitales Marítimos por el brillante trabajo que ha hecho en Nueva Orleans.

6. Y se resuelve, además, que esta Convención es de la opinión que se encomienden á las autoridades nacionales de sanidad todas las cuarentenas y la misión de combatir las epidemias que amenacen extenderse á los estados y países vecinos.

El Presidente. Estas resoluciones han recibido el informe favorable de la junta consultora.

Dr. H. L. E. Johnson. Propongo que se adopten estas resoluciones tal como han sido leídas.

Sostúvose una discusión en castellano en la que tomaron parte los Doctores Lavorería, Moore, Guiteras, Medina y Ulloa.

Doctor Guiteras. Señor Presidente, el caballero que ha estado haciendo uso de la palabra en castellano es de la opinión de que no se deben usar palabras tan duras con respecto á las autoridades de Nueva Orleans. La resolución dice:

Por cuanto en la ciudad de Nueva Orleans una epidemia, que desgraciadamente permitieron las autoridades del estado que se arraigara firmemente, etc.

Cree este señor que eso es demasiado duro. Yo opino que ello no es una acusación directa y que no tiene efecto como una censura dada específicamente contra la ciudad de Nueva Orleans, sino que es simplemente la declaración de un hecho, que las autoridades de Nueva Orleans han permitido que esta enfermedad se propogara como sucedió. Y ciertamente no se inclinará á hacer menos dura esta declaración el que haya viajado por esa parte del sur y haya visto esas ciudades de los Estados de Luisiana y Florida infectadas de fiebre amarilla, porque las personas que hicieron excursiones á Nueva Orleans por placer volvieron atacadas de fiebre amarilla.

El Secretario. La cuestión que se ha suscitado es muy delicada, en verdad. Varios de nosotros tenemos cargos de un carácter diplomático en este país, por lo que debemos tener mucho cuidado en exponer cualquier opinión que pudiera interpretarse como una censura contra las autoridades de cualquier parte de la nación en donde representamos las nuestras. Por más que bajo el punto de vista científico estoy de acuerdo con el Doctor Guiteras, como delegado que soy de Costa Rica quisiera que se haga esa declaración todo lo menos dura que sea posible, porque Nueva Orleans es una parte de los Estados Unidos; aún cuando se llena la idea con la enhorabuena que se da al Servicio de Sanidad Pública y Hospitales Marítimos, que es quien realmente representa á los Estados Unidos en este asunto, sin embargo, las autoridades de Nueva Orleans podrían tomar nota de estas resoluciones y considerarlas como una censura. Quisiera que estudiemos esa parte un poco más y que la sustituyamos por algo que nos ponga en buen lugar. Yo propondría esta alteración. Tal como está ahora, esa parte dice:

Por cuanto en la ciudad de Nueva Orleans una epidemia, que desgraciadamente permitieron las autoridades del Estado que se arraigara firmemente, etc.

Yo la pondría de este modo:

Por cuanto en la ciudad de Nueva Orleans una epidemia que desgraciadamente se arraigó de una manera firme, etc.

De esta manera se expresa la idea sin herir el amor propio de nadie.

Doctor GUITERAS. ¿Lo pondría Vd. de este modo "que desgraciadamente se arraigo"?

El SECRETARIO. Sí.

El PRESIDENTE. Creo que la alteración propuesta ha sido explicada claramente en castellano y en inglés.

El SECRETARIO. Sí, señor.

El PRESIDENTE. El que desee puede hacer observaciones con respecto á esta resolución.

Los Doctores Barnet y Lavorería hicieron uso de la palabra en castellano.

El SECRETARIO. El Doctor Barnet añade un argumento para reforzar la proposición de la junta, mencionando el hecho de que las autoridades locales de San Francisco fueron duramente censuradas en la reunión celebrada en New Haven, Connecticut, y dice que la censura fué aún más dura que la propuesta aquí hoy. El Doctor Lavorería ha contestado al Doctor Barnet en una forma que yo hago mía también. Trataré expresarla de lleno, porque yo soy de la misma opinión:

Es verdad que la censura que hizo la conferancia de Connecticut fué muy dura, pero también debemos recordar que esta conferencia se celebró en los Estados Unidos y estaba compuesta de médicos de esta nación solamente. Así fué, ¿no es verdad?

El PRESIDENTE. Sí, es cierto.

El SECRETARIO. Y además, no era una conferencia oficial. En este caso la cuestión es diferente. Hemos venido aquí representando naciones extranjeras—países distintos—y no queremos herir el amor propio de los Estados Unidos en manera alguna. En este caso la cuestión afecta á los Estados Unidos y debemos tratarlos lo más cortesmente posible.

Doctor GATEWOOD. Propongo que se haga un cambio en la alteración propuesta por el delegado de Costa Rica, en esta forma:

Por cuanto en la ciudad de Nueva Orleans una epidemia que se arraigó de un modo firme á paciencia de las autoridades, locales, etc.

El SECRETARIO. Siento decir que no acepto este cambio. Deseo que mi reforma quede tal como la he presentado ante la Convención. La mayoría decidirá la cuestión, y, como es claro, puede que no apruebe la alteración propuesta por mí; pero quiero hacer constar que no votaré en otra forma.

Doctor GATEWOOD. En la manera que yo propongo se dirá simplemente que existió una epidemia á paciencia de las autoridades locales.

El PRESIDENTE. ¿Cómo es la alteración que propone el Doctor Ulloa?

Doctor GATEWOOD. Solo suprime la palabra "desgraciadamente."

Doctor ULLOA. Esta es la alteración que he propuesto:

Por cuanto en la ciudad de Nueva Orleans una epidemia, que desgraciadamente se arraigó de una manera firme, etc.

Este es el cambio que propongo.

El PRESIDENTE. Creo que la proposición del Doctor Ulloa no ha sido apoyada.

Dr. H. L. E. JOHNSON. Yo la apoyaré. Comprendo la conveniencia de ella.

El PRESIDENTE. La propuesta del Doctor Ulloa ha sido apoyada. El Doctor Gatewood ha propuesto que se haga un cambio en esa propuesta, y la reforma que propone el Doctor Gatewood no ha sido aceptada por el Doctor Ulloa.

Doctor GATEWOOD. La alteración que propongo es solamente para suprimir la palabra "desgraciadamente," y decir "se arraigó en Nueva Orleans." Pero la retiro.

El PRESIDENTE. Entonces la cuestión que se ha de discutir es la aprobación de la alteración propuesta por el Doctor Ulloa.

La alteración propuesta por el Doctor Ulloa fué aprobada.

El PRESIDENTE. Ahora la cuestión que se ha de discutir es la aprobación de las resoluciones, á propuesta del Doctor Johnson, apoyada por el Doctor Medina, según creo.

Las resoluciones fueron adoptadas.

El Doctor Moore hizo uso de la palabra en castellano.

Doctor GUITERAS. El Doctor Moore, presidente de la junta consultora, me ruega que traduzca una resolución que presenta dicha junta, la cual tiene por objeto dar las gracias de la Convención al Doctor Ulloa por su cortesía y la ayuda que ha prestado á los delegados, tanto durante las sesiones de la Conferencia como en la visita que hicimos al Presidente de los Estados Unidos.

El PRESIDENTE. Habéis oido la propuesta. Como Presidente de la Convención añado mi testimonio sobre la cortesía y los valiosos servicios del Doctor Ulloa, y ruego á los que están á favor de esta resolución que demuestren su conformidad levantándose.

Los miembros de la Convención se levantaron unánimamente. [Aplausos.]

El SECRETARIO. Señores, les agradezco desde el fondo de mi corazón por este gran honor que me confieren. He tratado de hacer todo lo posible para cumplir con los deberes que Vds. me han impuesto al nombrarme secretario. No me importa lo mucho que tenga que trabajar, y realmente no me importa tener qué trabajar cinco veces más de lo que he trabajado, si después siento la grande satisfacción que Vds. me han proporcionado hoy. Esta es la mejor recompensa que podéis darme por mi trabajo, y nada me remuneraría tanto como el verles satisfechos con lo poco que he hecho.

Tengo el honor de someter á la consideración de mis estimados colegas las siguientes resoluciones:

Se resuelve que la Convención Sanitaria Internacional dé un voto de gracias á Su Excelencia Teodoro Roosevelt, Presidente de los Estados Unidos, por su valiosa cooperación en el éxito de esta Conferencia y por el elevado significado del cordial discurso con que saludó á los delegados en la recepción con que les honró en la Casa Blanca, en el 12 del presente.

Se resuelve que se dé un voto de gracias al honorable Secretario de Estado y al honorable Secretario Interino del Tesoro por sus discursos de bienvenida en la apertura de esta Conferencia.

Se resuelve que se dé un voto de gracias al Honorable Gonzalo de Quesada, Ministro Plenipotenciario de Cuba.

Se resuelve que se dé un voto de gracias al Director Fox, como representante de la Oficina de las Repúblicas Americanas, por las atenciones que ha dispensado á los delegados y por los preparativos que hizo para hacerles agradable su estancia en esta.

Se resuelve que se exprese nuestro sincero aprecio á nuestro altamente estimado Presidente, el Cirujano General Wyman, por su trato cortés y por la manera tan eficaz con que ha cumplido con sus deberes oficiales.

Se resuelve que se extienda un voto de gracias al Cosmos Club y á la prensa de la ciudad de Wáshington por la manera cortés con que nos han tratado durante nuestra estancia en la capital.

Se resuelve que se dé un voto de gracias en nombre de los delegados de las Repúblicas Hispano-Americanas á los delegados de los Estados Unidos por su hospitalidad y compañerismo.

El PRESIDENTE. ¿Quién presenta estas resoluciones?

El SECRETARIO. Yo mismo. Y, si Vds. me permiten, tendré que actuar como Presidente en este momento, porque el Cirujano General Wyman no quiere presentarlas ante la Convención por la razón de que una de ellas se refiere á el mismo.

El Doctor Lavorería hizo uso de la palabra en castellano.

El SECRETARIO. El Doctor Lavorería propone que no se discutan estas resoluciones, sino que se adopten por aclamación.

Doctor GUITERAS. Votaremos levantandonos.

El SECRETARIO. Sí, levantandonos.

El Doctor Barnet hizo uso de la palabra en castellano.

El SECRETARIO. El Doctor Barnet hace una indicación, que yo acepto sinceramente, con el fin de que se subsane lo que realmente fué una omisión involuntaria por mi parte, á saber, que se dé también un voto de gracias á la Asociación de Banqueros del Distrito de Columbia.

Las resolucions fueron aprobadas.

El PRESIDENTE. Ahora comenzaremos á firmar la Convención. Se han preparado dos copias, una en inglés y otra en castellano, las cuales firmarán cada uno de los delegados. La lista de las Repúblicas se leerá por orden alfabético, y se entiende que cada delegado firmará su nombre poniendo "De tal y tal República."

Doctor GUITERAS. ¿Se leerá la lista por orden alfabético de acuerdo con los nombres de las Repúblicas en castellano ó en inglés? Habrá diferencia en el orden en que se vayan á leer según el idioma.

El SECRETARIO. La indicación del Doctor Guiteras es muy importante. En inglés los Estados Unidos serán uno de los últimos en la lista, en tanto que en español el nombre de esta nación será uno de los primeros.

El Doctor Johnson propuso que los países fueran llamados en el orden alfabético de cada lengua, es decir, que para firmar el texto inglés sean llamadas las Repúblicas por su nombre inglés, y del mismo modo en el caso del texto español.

El PRESIDENTE. El Doctor Geddings, que tiene algún conocimiento en estos procedimientos, dice que no es necesario poner los nombres de las Repúblicas. Creo que esto es lo que el Doctor Johnson iba á proponer. Tanto los nombres de los delegados como los de las Repúblicas están ya puestos, y todo lo que tenemos que hacer es firmar nuestros nombres respectivos.

Dr. H. L. E. JOHNSON. Pido que los delegados firmen en el orden en que aparecen sus nombres en el preámbulo. Allí se hallan mencionados uno después de otro, y seria mejor que firmen en el mismo orden. La copia española está lo mismo que la inglesa, y esta es la ha de servir de guía.

Examinaronse ambas copias resultando que efectivamente el orden de las Repúblicas era el mismo en uno y otro texto.

Entonces los delegados firmaron la Convención.

El Presidente. Tres son los delegados que todavía no han firmado este Convenio. Son los de Uruguay y Venezuela y uno de los Estados Unidos, el Doctor Kennedy, quien se vió obligado á salir de la capital, según anunció el otro día que muy probablemente tendría que hacerlo. Paréceme necesario que tengamos las firmas de estos señores, á todo evento, por lo que vuestro presidente espera que alguno de Vds. indique la manera de conseguir esas firmas. ¿Desea alguno de Vds. hacer una proposición con este objeto?

El Secretario. Propongo que se entregue este documento al Señor Fox, Director de la Oficina de las Repúblicas Americanas, para que se encargue de obtener las firmas de esos tres delegados, y tan pronto como las consiga que envíe el documento al Secretario de Estado, según se ha convenido.

Esta proposición fué apoyada y aprobada.

El Presidente. Deseo manifestar que los ejemplares para el uso de los delegados serán impresos tan rápidamente como sea posible. La impresión comenzará á hacerse el lúnes por la mañana, y creo que se podrán facilitar á cada delegado ejemplares en ambos idiomas; pero estos ejemplares no deben ser considerados como oficiales; son únicamente para uso personal. Las copias oficiales se imprimirán más adelante y serán distribuídas.

Estas observaciones fueron traducidas al castellano por el Secretario.

El Presidente. Señores: Está para terminarse el trabajo por el cual se reunió esta Conferencia. Antes de marcharnos, si es que os place, lo cual no dudo, cada delegado hará uso de la palabra en un breve discurso de enhorabuena ó expresando la satisfacción que se ha experimentado, ó en el que haga los comentarios que crea conveniente. Se irán llamando á los delegados por el orden en que aparecen sus nombres en la convención.

Estas observaciones fueron traducidas al castellano por el secretario.

El Presidente. Llamaré primeramente al Dr. Eduardo Moore, delegado de Chile.

El Doctor Moore hizo uso de la palabra en castellano.

El Secretario. Se me ha rogado que interprete las oportunas observaciones del Doctor Moore, de Chile. Trataré de hacer un extracto de ellas, y le ruego que me llame la atención si es que se me olvida decir alguna parte.

El Doctor Moore manifestó su admiración ante los resultados obtenidos en esta Conferencia. Dice que nunca esperó que se ejecutera tanto trabajo y de un carácter tan eficaz como el que se ha hecho; que cuando vino de su país pensaba que iba á asistir á una Convención ó Congreso por el estilo del último que se celebró en Wáshington, pero que en la presente Convención hemos conseguido resultados muy elevados y de una naturaleza importantísima, y que la adopción de este Convenio es un gran adelanto hacia la consecución del objeto de estas reuniones. Dice que ninguno de los documentos que ha firmado de esta naturaleza le ha proporcionado tanto placer como el presente, y que espera nos volveremos ó reunir dentro de breve tiempo, que todos nosotros estaremos presentes en la próxima conferencia que se celebrará en México, con la seguridad de que lo pasaremos agradablemente y de que se nos recibirá cordialmente, como acostumbran á hacer los mejicanos. [Aplausos.]

El PRESIDENTE. Ahora oiremos á nuestro distinguido secretario, el Dr. Juan J. Ulloa, representante de la República de Costa Rica, ex vicepresidente, ex ministro de lo interior y ex presidente de la Facultad Médica de Costa Rica.

Doctor ULLOA. Señor Presidente, Señores Delegados: Es para mí un placer muy grande el expresarles, en pocas palabras, el alto aprecio que tengo de vuestros méritos como hombres de ciencia y de vuestros dotes como colegas. Nunca me sentí orgulloso antes, pero ahora sí porque me hallo entre Vds. Me siento orgulloso ahora porque cuando salga de Wáshington esta noche—ó mañana ó cuando sea—podré decir que fuí uno de los miembros de la Segunda Convención Sanitaria Internacional de las Repúblicas Americanas, y que fuí uno de los que firmaron el Convenio que tanto significado tendrá para todas nuestras Repúblicas, el Convenio que para todo aquél que piensa sensatamente significa el mayor resultado que podiamos haber conseguido; significa garantía para la higiene, facilidad para el comercio y destrucción de las infundadas é ignorantes medidas de cuarentena; significa un gran adelanto del vigésimo siglo y la muerte de la ignorancia en asuntos relativos á la higiene pública. Señores, en nombre de Costa Rica, les doy las gracias por vuestra cooperación. Doy mis más sinceras gracias á mi distinguido amigo el Doctor Wyman, á todos los delegados de los Estados Unidos y á los de las Repúblicas hispanoamericanas.

Al partir no les diré "Adios," sino que les abrazaré diciendo "Hasta la vista." Me uno al Doctor Moore en la esperanza de que nada obstruirá nuestro camino para que nos volvamos á reunir en la patria de nuestro querido compañero el Doctor Licéaga. Tengo la seguridad de que después de la estancia tan agradable que aqui hemos pasado, á pesar de que hemos trabajado algo rudamente, el tiempo que pasemos en Méjico también será agradable, y espero que estos dos años se pasarán volando para que podamos ir á México cuanto antes. [Aplausos.]

El PRESIDENTE. Sigue la República de Cuba. Apenas encuentro palabras para presentarles á nuestro grande y buen amigo el Doctor Guiteras, cuyo nombre goza de fama internacional en todos los asuntos que se han discutido en la Convención. Su amable personalidad, sus grandes facultades científicas, y el gran interés que se toma en estos asuntos, han ejercido poderosa influencia en esta Convención. Ruego al Doctor Guiteras que haga algunas observaciones.

Doctor GUITERAS. Señor Presidente, agradézcole infinitamente por sus palabras. Sólo me queda por decir que también me siento orgulloso, como el Doctor Moore, de haber podido firmar este documento, y creo que á medida que pasen los años, todos nos sentirémos más y más orgullosos por el trabajo que hemos hecho. Doy la más cordial enhorabuena á la Convención por el esfuerzo que ha hecho para coronar esta labor con el éxito. (Aplausos.)

El Doctor Guiteras repitió sus palabras en castellano.

El PRESIDENTE. ¿Tendrá el Doctor Guiteras la bondad de explicar á los que hablan el castellano solamente, lo que ha dicho el Doctor Ulloa en inglés? Creo que tendrían mucho gusto en saberlo. Un resumen solamente.

Dr. GUITERAS: Quisiera haberme acordado de ello cuando el Doctor Ulloa hablaba. Sus palabras me impresionaron muy profundamente, y por lo general acostumbro á hablar mejor por otras personas que por mí mismo.

El discurso del Doctor Ulloa fué traducido al castellano por el Doctor Guiteras.

El secretario hizo uso de la palabra en castellano.

El Secretario. Con respecto á las resoluciones que se han prosentado, dando las gracias á los que nos han dispensado atenciones, he tenido el honor de hacer la proposición en castellano dando las gracias también al Señor Fox, Director de la Oficina de las Repúblicas Americanas.

El Presidente. Quisiéramos oir también al distinguido representante del jefe ejecutivo del Departamento de Sanidad de la Habana, el Dr. Enrique B. Barnet.

El Doctor Barnet hizo uso de la palabra en castellano. (Aplausos.)

El Presidente. La República del Ecuador, el Dr. Miguel Alcivar. Este señor me dispensará que no pronuncie bien su nombre, pero todos sabemos quien es, de cualquier modo que pronuncie su nombre.

El Doctor Alcivar hizo uso de la palabra en castellano. Su discurso no fué interpretado.

El Presidente. Nos consideramos afortunados por tener entre nosotros al Ministro de la República Dominicana, quien también es uno de los delegados de esta Convención, y quisiéramos oirle, el Señor Don Emilio C. Joubert.

El Señor Joubert hizo uso de la palabra en castellano. (Véase el apéndice, page 415.)

El Presidente. Tengo la seguridad de que todos hemos tenido la satisfacción de oir al Señor Joubert, y aprovecho esta ocasión para decirles que cuando se leyó la lista de las Repúblicas no estaba presente, pero después me dijo que presentaría un informe como los de las demás Repúblicas, y más tarde me prometió que me lo enviaría por escrito, y le aseguro que tendríamos mucho gustos en recibirlo, así como las observaciones que ha hecho, si tiene la bondad de escribirlas. Espero que todos los que hablan el español comprenderán perfectamente que tendríamos muchos placer si enviaran sus observaciones escritas, al Director de la Oficina de las Repúblicas Americanas, para que así puedan imprimirse con el acta de la sesión de hoy, en español y en inglés. Estoy seguro que Mr. Fox las hará traducir.

Ahora llamaré á los Estados Unidos. Yo haré algunas observaciones cuando todos terminen, al mismo tiempo que les dé la despedida. El Cirujano General Auxiliar, Dr. H. D. Geddings, tendrá la bondad de dirigirnos la palabra.

Doctor Geddings. Señor Presidente, señores, tengo la seguridad de que me haré eco de los sentimientos de los delegados de los Estados Unidos al decir que el recuerdo de esta Conferencia debe ser causa de orgullo y placer; cuando recordemos que el trabajo en que nos hemos ocupado toda esta semana y que hemos terminado esta tarde, traza un nuevo rumbo en el Hemisferio Occidental. Y no quiero marcharme sin decir antes cuanto placer he experimentado por el buen ánimo, el sentimiento fraternal y el espíritu de reciprocidad que han caracterizado los trabajos de esta Conferencia. El haber conocido tantos hombres distinguidos de distintos países ha sido motivo de un placer indecible, y me hago eco de los sentimientos del Doctor Ulloa, á quien todos hemos llegado á estimar tan altamente, al decir que los años que deben transcurrir antes de la Conferencia, que se ha de celebrar en Méjico bajo los auspicios del Doctor Licéaga, no podrán pasar todo lo rápidamente que deseamos.

Siempre cuesta trabajo de decir "adios," pero los buenos deseos de los delegados de los Estados Unidos acompañan á los caballeros que vuelven á sus patrias. (Aplausos.)

El PRESIDENTE. Ahora llamaré á un representante de nuestro gran ejército, de su departamento médico, el Dr. Walter D. McCaw, comandante, cirujano del Ejército de los Estados Unidos.

Doctor MCCAW. Señor Presidente, señores, como individuo del Ejército de los Estados Unidos, siento un orgullo especial por habérseme permitido que tome parte en un Congreso tan importante como este. Nuestra pequeña fuerza militar es tanto del pueblo como para el pueblo, que está interesada, como es claro, del mismo modo que los demás ciudadanos, en las cuestiones que afectan la higiene pública de este país y de los vecinos. Sé que los individuos de ellos tendrán mucho placer al saber que un representante, aunque humilde, de la misma ha tenido el honor de firmar el importantísimo convenio que se ha adoptado hoy.

Quiero decir, como los que me han precedido en la palabra, que espero con impaciencia la reunión que tendrá lugar en Méjico, pero temo que serán tantos los individuos del ejército que querrán gozar de los placeres de la estancia en dicha ciudad, que tendré muchos poderosos competidores para conseguir la representación de mi departamento. Sólo espero que saldré victorioso en la lucha.

Algunos de nosotros han tomado en el pasado parte importante en el saneamiento del continente americano. Espero que podamos hacer algo en lo porvenir cuando se nos llame para ello. En el entretanto esperamos y contemplamos con admiración la magnífica obra que están ejecutando este Gobierno y los de otros países, y cada uno de nosotros sentirá la viva emoción que produce la victoria cuando se diga que ya no existe la fiebre amarilla y que la peste bubónica y el cólera no pueden ser introducidos en el continente americano. (Aplausos.)

El PRESIDENTE. Es casi innecesario que les presente al siguiente delegado de los Estados Unidos, cuyos servicios han sido tan notorios en este congreso. Tengo el placer de llamar al Dr. J. D. Gatewood, de la Marina de los Estados Unidos.

Doctor GATEWOOD. Señor Presidente, señores, siendo como soy un individuo simplemente y no un orador, temo que me quedaré muy atrás de los notables oradores que me han precedido en el uso de la palabra esta tarde. Me siento muy honrado al estar entre Vds. como representante del departamento médico de la Marina de los Estados Unidos. La Marina está interesada particularmente en los asuntos que tienen relación con cuarentenas, en todos aquellos que afectan cuarentenas internacionales, por cuanto que sus buques visitan todos los puertos del mundo. He contribuido con mi humilde grano de arena en el trabajo que Vds. han realizado; como represento á un número de individuos que constantemente visitan, así como yo, á los países que Vds. representan aquí, creo que muy adecuadamente puedo darles mi enhorabuena por el importantísimo trabajo que han ejecutado durante esta Conferencia. Como estamos próximos á partir, por haber completado ya esa obra, con rumbo á distintas direcciones de la tierra, sólo puedo decir que espero que cuando abandonen este país lleven consigo los más gratos recuerdos y la satisfacción de haber cumplido con vuestros deberes en esta Convención.

Espero que nos volverémos á ver en otras partes del mundo; abrigo esa esperanza con el mayor placer imaginable. Les felicito

por el trabajo que habeis realizado y me despido de Vds. con la sincera esperanza de volverles á ver. (Aplausos.)

El PRESIDENTE: Ahora llamaré al delegado de los Estados Unidos que no solamente está aqui con ese carácter, sino que también representa á la gran Asociación Médico Americana, que es *la* sociedad de los médicos de los Estados—recalco la palabra "la" porque quiero decir que es la corporación mas numerosa y poderosa en su género—siendo al mismo tiempo individuo de la Junta Directiva de dicha asociación, la importante junta que rige los destinos de la misma. Ruego al Dr. H. L. E. Johnson que haga uso de la palabra.

Dr. H. L. E. JOHNSON: Señor Presidente, señores delegados de la convención, considero como un alto honor el haber sido uno de los individuos de esta organización. Aprecio perfectísimamente el excelente trabajo que los otros caballeros han realizado, y es para mí un placer muy grande el estar aquí presente y el haber visto á mis antiguos amigos de los países extranjeros, á quienes he conocido desde hace años, y en cuyas casas he gozado de su hospitalidad en varias ocasiones y en sus propios países, y ahora considero que nos hemos vuelto á reunir como hermanos.

Espero que nos volverémos á reunir, como ahora, en Méjico, y que disfrutarémos de los placeres y atenciones que tuvimos la dicha de ser objeto cuando estuvimos en aquella ciudad en 1897.

Creo que los frutos de este Congreso no pueden ser calculados con exageración. Prácticamente, hemos sembrado la semilla de buena salud en los Estados Unidos, y, en unión con los demás miembros de la Convención que han hecho el mismo trabajo en sus respectivos países, representamos ahora un cuerpo unificado para la protección mútua contra las enfermedades, que es actualmente el más alto fin de los trabajos médicos.

Tengo la seguridad que después de algunos meses ó años, se habrán exterminado las enfermedades que han obstruído el camino de la terminación del Canal de Panamá, la cual podemos considerar como el ideal del Presidente de los Estados Unidos, y que de esa terminación se originará el gran bien que se espera en este país, en salud, riqueza y prosperidad, y que gozarémos de esos beneficios en unión con nuestros hermanos de los países latino-americanos. Estoy seguro que con el exterminio de estas enfermedades, en lo futuro, en vez de hacer viajes frecuentes á los países extranjeros del otro lado, los harémos á los de éste para conocer mejor á nuestros hermanos del continente.

Considero como uno de los mayores placeres y honores de mi vida el haber sido individuo de esta corporación; en fin, el haber podido ver una vez más á los amables amigos y hermanos á quienes soy tan adicto, y que no pueden ser más apreciados de lo que son. (Aplausos.)

El PRESIDENTE: La República de Guatemala, el Señor Don Joaquín Yela.

El SECRETARIO: No está presente.

El PRESIDENTE: La República de México; y cuando se menciona en esta Convención el nombre de México, ya se sabe que le sigue el de Licéaga. El Doctor Licéaga es uno de los fundadores originales de esta Conferencia. Tomó parte muy activa al principio, y en la Conferencia de los Estados americanos, celebrada en la ciudad de México en 1890–91, trabajó con el mayor interés para que se adoptaran las resoluciones que crearon estas conferencias. Como dije en el

dircurso que pronuncié en la apertura de este Congreso, gracias á su personalidad é interés activo, á sus conocimientos científicos y á su fuerza administrativa, se tomaron en México todas las medidas necesarias para impedir la reaparición de la fiebre amarilla después de la epidemia de 1902. Y en el hallé un medianero y auxiliar muy apto para poner en práctica las medidas que yo y otros deseaban que se llevaran á cabo en los Estados Unidos. Así es que entonces México y los Estados Unidos trabajaron juntamente, de hecho, en el exterminio de la fiebre amarilla, habiendo obtenido éxito en los resultados.

Ruego al Doctor Licéaga que dirija la palabra á la Convención. (Aplausos.)

El Doctor Licéaga hízo uso de la palabra en castellano, pero no se interpretó lo que dijo.

El PRESIDENTE: Ahora tendré el honor de llamar al delegado de Nicaragua, el cual ha sido uno de los miembros más activos de esta Convención en todo lo que se refiere á la higiene y cuarentenas en los puertos de nuestras respectivas repúblicas. Ruego al Dr. J. L. Medina que haga uso de la palabra. (Aplausos.)

Doctor MEDINA: Señor Presidente, en primer lugar deseo darles las gracias por sus corteses palabras; en segundo lugar diré, en nombre de la República de Nicaragua, á la cual tengo el honor de representar, que estoy seguro que mis colegas recibirán con placer las disposiciones del convenio, y que no solamente se aceptará la determinación de la convención, sino que también harémos todo lo que podamos para que este trabajo práctico sea realizado fielmente.

Después deseo dar mis gracias á todos mis compañeros de esta Convención. Ha sido un placer para mí el que todos estemos reunidos aquí, todos trabajando con tal sentimiento de fraternidad que nos hace olvidar realmente las asperezas por que un americano tiene que atravesar en esta vida. No con frecuencia tenemos la ocasión de una reunión de compañeros con un sentimiento de amistad como el que se ha demostrado aquí, y con el cual esta convención ha desempeñado sus funciones. Espero que nos volverémos á reunir pronto, como todos mis colegas han expresado la esperanza de vernos otra vez en México.

Puede que hayan personas que crean que hemos exagerado el trabajo de esta Convención, y que lo critiquen. Creo que nuestra obra será perfectamente apreciada, pero nó actualmente. Tengo la seguridad de que la labor de esta Convención llegará á ser un monumento en lo futuro, porque otros la continuarán, la mejorarán, y conseguirán lo que no haya podido estar á nuestro alcance en estos días.

Espero que nos volverémos á reunir en México, y para terminar, deseo solamente expresar mi más sincero respeto por al Doctor Licéaga, que realmente ha sido la figura saliente de esta conferencia. (Aplausos.)

El PRESIDENTE: Tengo la seguridad que todos han experimentado mucho placer al saber que teníamos en la presente conferencia un delegado del Perú; como Vds. recordarán, esta república no estuvo representada en la última conferencia. Cuando recibí la visita del Doctor Lavorería me alegré muchísimo, porque había oído hablar de él por algunos de mis empleados de Panamá, así como también me alegré mucho al saber que el Perú iba á estar representado, especialmente porque las relaciones entre esta república y las demás,

sobre todo los Estados Unidos, van siendo más íntimas cada día. Nuestras relaciones van siendo más íntimas; nos estamos uniendo más y más en estos asuntos, y dependemos más unos de otros que antes; y deseo decir que las autoridades del Perú han demostrado su disposición para hacer todo lo posible en la destrucción de la peste bubónica y otras enfermedades epidémicas. En otras palabras, esa república está en primera línea. Ruego á su distinguido representante, el Doctor Lavorería, que tenga la bondad de hacer uso de la palabra. (Aplausos.)

El Doctor Lavorería hízo uso de la palabra en castellano. (Aplausos.) Sus observaciones no se tradujeron al inglés.

El PRESIDENTE: Hemos tenido entre nosotros, durante las sesiones de la Convención la genial presencia del Encargado de Negocios del Uruguay, y hubiéramos tenido mucho gusto en oirle, pero según me han informado está ausente.

El representante de la República de Venezuela tampoco está aquí ahora, por más que ha estado en la sala varias veces.

Tenemos entre nosotros á distinguidos caballeros á quienes se concedieron las prerrogativas de la Convención, y quisiera rogar al Doctor Carroll, del Ejército de los Estados Unidos, que haga uso de la palabra.

Doctor CARROLL: Señor Presidente, caballeros de la Convención, ruégoles acepten mis más sinceras gracias por el gran honor y el privilegio que me habeis concedido para estar presente en las sesiones de esta conferencia. Asegúroles que me han sido tan interesantes como instructivas, y sus resultados tienen tanto alcance que sólo podemos conjeturar la consecuencia final. Me regocijo al par que Vds. por el éxito que se ha obtenido hasta ahora, y más particularmente porque creo que podemos predecir, con casi absoluta seguridad, la consecución en lo porvenir del completo exterminio de la fiebre amarilla en el continente de Norte America, y más tarde de todo el Hemisferio Occidental, que prácticamente viene á ser el mundo entero.

Ha pasado el tiempo tan rápidamente, y es ya tan tarde, que no estaría bien que yo les detenga por un minuto más. Deseo expresarles una vez más el alto aprecio que tengo por el honor que me habeis conferido. (Aplausos.)

El PRESIDENTE: Ruego al Doctor Stiles, zoólogo del Servicio de Sanidad Pública y Hospitales Marítimos, que nos dirija la palabra.

Doctor STILES. Señor Presidente, señores: Estoy seguro que me hago eco de los sentimientos de mis colegas del laboratorio higiénico, á quienes habeis concedido las prerrogativas de la Convención, al agradecerles por los ratos tan instructivos que hemos pasado durante las sesiones de esta semana. Para nosotros han sido instructivas bajo varios puntos de vista. Como es claro, en un laboratorio trabajamos sobre bases téoricas, y para nosotros es de mucho valor el estar en contacto con la clase de hombres cuya experiencia les coloca en los ramos más amplios de los trabajos administrativos. Es para nosotros, además, una grande satisfacción el ver que los resultados prácticos de nuestros trabajos de laboratorio son puestos en letras de molde por una clase de hombres capaces de entender la influencia de los mismos en la higiene pública. Esos resultados pueden ser utilizados únicamente por personas que tienen amplia noción de los trabajos administrativos, al par que un profundo conocimiento de los trabajos teóricos del laboratorio.

Hablando personalmente, he tenido otra grande satisfacción por estar aquí, no como médico, sino como zoólogo. Tengo la convicción desde hace años, que hay un número de problemas en la medicina que deben ser solucionados bajo el punto de vista zoológico. Ya se han aclarado, parcial ó totalmente, algunas enfermedades, mediante trabajos zoológicos. Curioso es, pero no han sido los zoólogos los que han sacado á la luz estos hechos, sino los médicos que han invadido el campo zoológico y descubierto los principios y hechos zoológicos que los mismo zoólogos han pasado por alto. Así es que siempre es un placer para el zoólogo de profesión el reconocer la deuda que la zoología debe á la medicina por demostrar al zoólogo cuán importante es aquélla para ésta.

También he tenido mucho placer en asistir á estas sesiones bajo otro punto de vista completamente distinto—la inspiración que un joven recibe con el roce personal con hombres que son sus mayores en experiencia, edad, y trabajos realizados.

Y finalmente, aquí se me ha dado otro ejemplo: Algunos de nosotros, en el laboratorio, no queremos trabajar demasiado en una semana por temor de enflaquecer; conforme paso la vista por la sala y pienso cuanto han trabajado los miembros de esta Conferencia, me admiro al notar que no ha habido reducción alguna en la circunferencia de mi buen amigo el Dr. H. L. E. Johnson, ó en la de mi estimado colega del Ejército, ó en la de nuestro digno Presidente.

Agradézcoles infinito por haberme concedido las prerrogativas de la Convención, y en la ausencia de mis colegas, los Doctores Anderson y Hunt, les doy las gracias en su nombre por el mismo motivo. [Aplausos.]

El Presidente. Señores, aquí hay un caballero que deseo haga uso de la palabra por cuanto tiempo quiera, y al cual debemos tanto por la preparación de esta Convención y la ayuda prestada en la dirección de la misma. Allí le teneis, parado y custodiando el sagrado documento que acabamos de firmar [risas], por más que literalmente hablando está sentado, pero alerta. Tengo la seguridad que todos nos alegraremos de oir al Hon. W. C. Fox, Director de la Oficina de las Repúblicas Americanas.

Mr. Fox. Señor Presidente, señores, Es tan tarde que creo que no debo detenerles, pero deseo darles mis sinceras gracias y las de la Oficina por las corteses palabras que habeis dicho sobre nosotros, y quiero asegurarles, además, que lo que hemos hecho por vosotros ha sido únicamente en cumplimiento de nuestro deber—deber que hemos ejecutado con el mayor placer. La Oficina tiene ciertas funciones, y en esta ocasión ha demostrado que estas funciones son dignas. Recuerdo que, cuando en la apertura de este Congreso tuve el honor de acompañar al Honorable Secretario de Estado hasta esta sala, al bajar del coche hablamos de algunos asuntos, y entonces le dije que no sabía qué resultados prácticos daría esta Convención ó el trabajo de la Oficina. Me contestó diciendo, "No se preocupe Vd. por eso. Vds. se asemejan en mucho á un abogado que está arguyendo ante un tribunal. El argumento puedo ser bueno ó indiferente, pero mientras lo estáis haciendo teneis embargada la atención del tribunal." Y yo creo que esto es lo que estáis haciendo. Me alegro mucho de haber tenido la oportunidad de serles de alguna utilidad, aunque poca, al ayudaros, distinguidos señores, en la terminación de esta magnífica obra maestra. [Aplausos.]

El PRESIDENTE. El acta de la sesión de hoy tendrá que ser aprobada por alguien después del cierre final de la Convención, por lo que sería conveniente que uno de Vds. proponga que se autorice al Presidente y al secretario para que aprueben esa acta, ó que se haga alguna disposición en la forma que crea conveniente la Convención, con ese fin.

Dr. H. L. E. JOHNSON. Pido que el acta de esta sesión sea remitida al Presidente y al secretario para que la aprueben, y que se considere su aprobación como si fuera la de la Conferencia.

Esta proposición fué apoyada, y, despues de discutida, quedó aprobada.

El PRESIDENTE. Señores delegados [aplausos]: Ha llegado el momento para levantar esta Convención, hasta que nos volvamos á reunir de aquí á dos años en la Tercera Conferencia Sanitaria Internacional de las Repúblicas Americanas, en la Ciudad de México. Se presume que un discurso de despedida debe haber sido redactado cuidadosamente. Como Vds. han visto, el trabajo de esta Convención ha sido tan grande, tan absorvente, que me ha sido virtualmente imposible preparar un discurso que sea digno de esta ocasión. Así es que solamente les dare la despedida con los pensamientos que se me vayan ocurriendo á medida que hablo. Repasando el trabajo de esta semana, veo que todos y cada uno de los delegados de esta Convención merecen ser felicitados. Nos hemos conocido unos á otros como nunca. Cuando leamos los periódicos ó revistas de los países representados en esta Conferencia, nuestros recuerdos se concentrarán en las caras que aquí vemos ahora. Cada uno de nosotros relacionará á los demás con los países que representan, y por lo tanto tendremos un sentimiento más profundo y más personal hacia las naciones aquí representadas.

Creo que hemos pasado el tiempo aprovechadamente, bajo el punto de vista de roce social. Hemos aprendido á conocernos unos á otros, á apreciar las altas aptitudes de los individuos de esta Convención, y á apreciar las provechosas ideas que constantemente se han expresado durante las sesiones.

También debemos ser felicitados por las pruebas de los resultados científicos que han sido tan manifiestos en las sesiones de este Congreso. No sé si les ha ocurrido, como á mí, que una de las razones por que hemos tenido éxito en nuestras discusiones y conclusiones, es el hecho de que las repúblicas que han tomado parte en esta Conferencia están representadas por hombres da elevada educación; caballeros cultos y perfectos. Este hecho ha facilitado, relativamente, el que hayamos convenido en estos grandes principios que hemos puestos en forma y que esperamos poner en práctica.

Además, debemos ser felicitados por el gran efecto internacional de la Conferencia que hemos celebrado. Dejando aparte las cuestiones de medicina é higiene, las convenciones de este género hacen que las naciones se unan, que es uno de los propósitos y el ideal del pensamiento moderno. Perú y Chile ya no nos parecen tan distantes como nos parecían hace diez años, y espero, señores, que los Estados Unidos no les parecerá tan distante como antes. Somos pues un elemento en el progreso de la civilización, en el establecimiento de la fraternidad universal, que es el ideal más elevado que puede perseguir cualquier corporación, ó varios individuos que trabajan en conjunto ó separadamente.

Personalmente deseo darles las gracias á todos y cada uno de Vds. por el trato tan cortés que me habeis dado como vuestro Presidente. No ha habido durante toda la semena la más minima. Creo que en los esfuerzos que he hecho para dirigir la Convención he tenido la simpatía y la ayuda de todos Vds., sin las cuales la convención no hubiera tenido éxito en lo que se refiere á mi presidencia. Deseo darles de nuevo las gracias y expresarles el gran aprecio que siento por el hechò de me hayais reelegido para presidir esta Segunda Conferencia Sanitaria Internacional de las Repúblicas Americanas, conferencia que se registrará en los anales de la historia como el origen de los grandes sucesos y adelantos que tendrán lugar en el Hemisferio Occidental, adelantos en la higiene, el saneamiento y el comercio, los cuales serán una grande adquisición para la sanidad pública y la prosperidad de las naciones.

Ahora les deseo un afectuoso adiós. Al decir "afectuoso adiós," quiero significar que cuando os marcheis lleveis consigo recuerdos gratos de los delegados de los Estados Unidos y míos; que esperamos la Tercera Convención de la Ciudad de México con el mayor placer. Todos estamos acordes con la opinión de uno de los delegados, cuando dijo que deseaba que el tiempo se pasara volando entre esta Conferencia y la próxima.

Con estas breves palabras les doy la despedida, y declaro terminada la Segunda Conferencia Sanitaria Internacional de las Repúblicas Americanas. [Aplausos[.

APÉNDICE.

SEGUNDA CONVENCIÓN GENERAL SANITARIA INTERNACIONAL.

CONVENCIÓN AD REFERENDUM FIRMADA EN LA SEGUNDA CONVENCIÓN GENERAL SANITARIA INTERNACIONAL DE LAS REPÚBLICAS AMERICANAS EN WÁSHINGTON EL 14 DE OCTUBRE DE 1905.

Los Presidentes de las Repúblicas de Chile, Costa Rica, Cuba, República Dominicana, Ecuador, Estados Unidos de América, Guatemala, Méjico, Nicaragua, Perú y Venezuela, habiendo encontrado que es útil y conveniente codificar todas las medidas destinadas á resguardar la salud pública contra la invasión y propagación de la fiebre amarilla, de la peste bubónica y del cólera, han nombrado por sus delegados á las siguientes personas:

La República de Chile, al Señor Dr. D. Eduardo Moore, profesor de la facultad de medicina, médico de hospital.

La República de Costa Rica, al Señor Dr. D. Juan J. Ulloa, ex-vicepresidente, ex-ministro del interior de Costa Rica y ex-presidente de la facultad médica de Costa Rica.

La República de Cuba, al Señor Dr. D. Juan Guiteras, miembro de la junta superior de salubridad de Cuba, director del hospital "Las Animas," profesor de patología general y de medicina tropical de la Universidad de la Habana, y al Señor Dr. D. Enrique B. Barnet, jefe ejecutivo del departamento de sanidad de la Habana, vocal y secretario de la junta superior de sanidad de Cuba.

La República del Ecuador, al Señor Dr. D. Serafín S. Wither, encargado de negocios y cónsul general del Ecuador en Nueva York, y al Señor Dr. D. Miguel H. Alcivar, miembro de la junta superior de sanidad de Guayaquil, profesor de la facultad de medicina y cirujano del Hospital General de Guayaquil.

La República de los Estados Unidos de América, al Señor Dr. D. Walter Wyman, cirujano general del Servicio de Salud Pública y Hospitales de Marina de los Estados Unidos; al Señor Dr. D. H. D. Geddings, cirujano general, ayudante del Servicio de Salud Pública y Hospitales de Marina de los Estados Unidos y representante de los Estados Unidos en la Convención Sanitaria de París; al Señor Dr. D. J. F. Kennedy, secretario de la oficina de salud pública del Estado de Iowa; al Señor Dr. D. John S. Fulton, secretario de la oficina de salud pública del Estado de Maryland; al Señor Dr. D. Walter D. McCaw, mayor cirujano del ejército de los Estados Unidos; al Señor D. J. D. Gatewood, cirujano de la marina de los Estados Unidos, y al Señor Dr. D. H. L. E. Johnsen, miembro de la Asociación Médica Americana (miembro de la junta directiva).

La República de Guatemala, al Señor Dr. D. Joaquín Yela, cónsul general de Guatemala en Nueva York;

La República de Méjico, al Señor Dr. D. Eduardo Licéaga, presidente del consejo superior de salubridad de Méjico, director y profesor de la Escuela Nacional de Medicina, miembro de la Academia de Medicina.

La República de Nicaragua, al Señor Dr. D. J. L. Medina, miembro del Segundo Congreso Médico Pan-Americano de la Habana en 1901.

La República del Perú, al Señor Dr. D. Daniel Eduardo Lavorería, profesor de la facultad de medicina, miembro de la Academia Nacional de Medicina, médico del hospital "Dos de Mayo," jefe de la sección de higiene del ministerio de fomento.

La República Dominicana, al Señor Licenciado D. Emilio C. Joubert, ministro residente en Wáshington.

La República de Venezuela, Al Señor D. Nicolás Veloz-Goiticoa, encargado de negocios de Venezuela.

Quienes, habiendo cambiado sus poderes y encontrándolos en buena y debida forma convinieron en aceptar *ad referendum*, las siguientes proposiciones:

CAPÍTULO I.

PRESCRIPCIONES QUE DEBERÁN OBSERVAR LOS PAÍSES SIGNATARIOS DE LA CONVENCIÓN CUANDO EL CÓLERA, LA PESTE Ó LA FIEBRE AMARILLA APAREZCA EN SU TERRITORIO.

SECCION PRIMERA.—*Notificación y comunicaciones ulteriores á los otros países.*

ARTÍCULO I. Cada Gobierno debe notificar inmediatamente á los otros la primera aparición, en su territorio, de los casos confirmados de peste, cólera ó de fiebre amarilla.

ART. II. Esta notificación irá acompañada ó muy prontamente seguida de informes circunstanciados sobre:

(1) Lugar en donde la enfermedad apareció.

(2) Fecha de su aparición, origen y forma.

(3) Número de casos comprobados y de defunciones.

(4) Para la peste: la existencia, entre lás ratas y ratones, de la peste ó de una mortalidad insólita; y para la fiebre amarilla: la existencia del *Stegomyia fasciata* en la localidad.

Las medidas tomadas inmediatamente después de esta primera aparición.

ART. III. La notificación y las informaciones indicadas en los Artículos I y II serán dirigidas á los agentes diplomáticos ó consulares en la capital del país contaminado, sin que esto sea obstáculo para que los jefes de las oficinas sanitarias superiores se comuniquen estas noticias entre sí directamente.

Á los países que no tengan representación diplomática ó consular en el país contaminado, les serán transmitidas directamente, por telégrafo.

ART. IV. La notificación y las informaciones indicadas en los Artículos I y II serán seguidas de comunicaciones ulteriores hechas de un modo regular, de manera de tener á los Gobiernos al corriente del curso de la epidemia.

Estas comunicaciones que se harán á lo menos una vez por semana, y que serán tan completas como sea posible, indicarán muy particularmente las precauciones tomadas, con el objeto de impedir la extensión de la enfermedad.

Ellas deben precisar: (1) las medidas profilácticas adoptadas con respecto á la inspección sanitaria ó á la visita médica, al aislamiento y á la desinfección; (2) las medidas tomadas á la partida de los buques para impedir la exportación del mal y, especialmente, en el caso previsto por el inciso (4) del Artículo II, arriba mencionado, las medidas tomadas contra las ratas, ratones y mosquitos.

ART. V. El pronto y fiel cumplimiento de las prescripciones que preceden es de una importancia primordial.

Las notificaciones no tienen valor real sino cuando cada Gobierno está prevenido, á tiempo, de los casos de peste, de cólera y de fiebre amarilla, y de los casos dudosos sobrevenidos en su territorio. Se recomienda pues, encarecidamente á los diversos Gobiernos, que hagan obligatoria la declaración de los casos de peste, de cólera y de fiebre amarilla, y que obtengan informaciones sobre cualquiera mortalidad insólita en las ratas ó ratones, particularmente en los puertos.

ART. VI. Se entiende que los países vecinos se reservan el derecho de hacer arreglos especiales con el objeto de organizar un servicio de informaciones directas entre los jefes de las administraciones de las fronteras.

SECCIÓN SEGUNDA.—*Condiciones que permiten considerar una circunscripción territorial como contaminada ó como libre ya de la enfermedad.*

ART. VII. La notificación de un primer caso de peste, ó cólera ó de fiebre amarilla, no impone, contra la circunscripción territorial en donde se ha producido, la aplicación de las medidas previstas en el Capítulo II, que más adelante se declararán.

Pero cuando varios casos de peste ó uno de fiebre amarilla no importados, se han manifestado, ó cuando los casos de cólera forman foco, la circunscripción se declara contaminada.

ART. VIII. Para restringir las medidas únicamente á las regiones atacadas, los Gobiernos no deben aplicarlas sino á las procedencias de las circunscripciones contaminadas.

Se entiende por la palabra "circunscripción," una parte del territorio bien determinada en las informaciones que acompañen ó sigan á la notificación, así: una provincia, un estado, un "gobierno," un distrito, un departamento, un cantón, una isla, una comuna, una ciudad, un barrio de una ciudad, una aldea, un puerto, un *polder*, una aglomeración, etc., cualesquiera que sean la extensión y la población de esas porciones de territorio.

Pero esta restricción limitada á la circunscripción contaminada, no debe ser aceptada, sino con la condición formal de que el Gobierno del país contaminado, tome las medidas necesarias: (1) Para prevenir, á menos de desinfección previa, la exportación de los objetos á que se refieren los incisos (1 y 2) del Artículo II, procedentes de la circunscripción contaminada; y (2) para combatir la extensión de la epidemia y con la condición de que

no haya duda de que las autoridades sanitarias del país infectado han cumplido fielmente con el Artículo I de esta Convención.

Cuando una circunscripción esté contaminada, no se tomará ninguna medida restrictiva contra las procedencias de esa circunscripción, si esas procedencias las han abandonado cinco días al menos antes del principio de la epidemia.

ART. IX. Para que una circunscripción no se considere ya como contaminada, se necesita la comprobación oficial: (1) De que no ha habido ni defunciones ni caso nuevo de peste ó de cólera desde hace cinco días, sea después del aislamiento,[a] sea después de la muerte ó de la curación del último pestoso ó colérico; en el caso de fiebre amarilla el período será de diecioche días; pero los Gobiernos se reservan el derecho de prolongar este período. (2) Que todas las medidas de desinfección han sido aplicadas, y si se trata de los casos de peste, que se han ejecutado las medidas contra las ratas, y en el caso de fiebre amarilla que se han ejecutado las medidas contra el mosquito.

CAPÍTULO II.

MEDIDAS DE DEFENSA TOMADAS POR LOS OTROS PAÍSES CONTRA LOS TERRITORIOS DECLARADOS CONTAMINADOS.

SECCIÓN PRIMERA.—*Publicación de las medidas prescritas.*

ART. X. El Gobierno de cada país está obligado á publicar inmediatamente las medidas que crea necesario prescribir contra las procedencias de un país ó de una circunscripción contaminada.

Comunicará en el acto esta publicación al agente diplomático ó consular del país contaminado, residente en su capital, así como á la Oficina Sanitaria Internacional.

Está igualmente obligado á hacer conocer, por las mismas vías, la revocación de estas medidas ó las modificaciones de que hayan sido objeto.

A falta de agente diplomático ó consular, en la capital, las comunicaciones se harán directamente al Gobierno del país interesado.

SECCIÓN SEGUNDA.—*Mercancías—Desinfección—Importación y tránsito—Equipajes.*

ART. XI. No existen mercancías que sean por sí mismas capaces de transmitir la peste, el cólera, ó la fiebre amarilla. No son peligrosas sino en el caso en que hayan sido contaminadas por productos pestosos ó coléricos, y en el caso de fiebre amarilla, cuando sean susceptibles de conducir mosquitos.

ART. XII. Ninguna marcencía ú objeto será sometido á desinfección en caso de fiebre amarilla, pero en el caso previsto al fin del artículo anterior, la desinfección puede hacerse á fin de destruir los mosquitos. En caso de cólera, ó de peste, la desinfección no deberá aplicarse más que á las mercancías y objetos que la autoridad sanitaria local considere como contaminados.

Sin embargo, las mercancías y objetos enumerados más adelante, pueden ser sometidos á la desinfección y aun prohibida su entrada, independientemente de toda comprobación, de que están ó no contaminados:

(1) La ropa interior y vestidos que se llevan (efectos de uso) y la ropa de cama ya usada.

Cuando estos objetos son transportados como equipaje ó á consecuencia de un cambio de domicilio (artículos de instalación), no podrá prohibirse su entrada, y se someterán al régimen del Artículo XIX.

Los efectos dejados por los soldados ó los marinos muertos, y remitidos á su patria, se asimilarán á los objetos comprendidos en el primer párrafo del inciso (1) de este artículo.

(2) Los trapos viejos, con excepción en cuanto al cólera, de los trapos viejos comprimidos que se transportan como mercancías, al por mayor, en pacas cinchadas.

No deberán ser detenidos los desperdicios nuevos que provienen directamente de los talleres de hilado, de tejido, de confección ó de blanqueamiento, las lanas artificiales y los recortes de papel nuevo.

ART. XIII. En caso de cólera ó de peste, no hay razón para prohibir el tránsito á través de un distrito infectado, de las mercancías y objetos especificados en los incisos (1) y (2)

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[a] La palabra "aislamiento" significa: Aislamiento del enfermo, de las personas que lo cuidaban de un modo permanente é interdicción de visitas de cualquiera otra persona, exceptuándose al médico.

Por la palabra "aislamiento," tratándose de fiebre amarilla, se entenderá: Aislamiento del enfermo en una sala que tenga sus puertas y ventanas provistas de mallas de alambre que impidan que los mosquitos puedan picar á los enfermos.

del artículo anterior, si están embalados de tal modo, que no puedan ser infectados en el tránsito.

De la misma manera, cuando las mercancías ú objetos son transportados de modo que en el camino no hayan podido estar en contacto con los objetos contaminados, su tránsito á través de una circunscripción territorial contaminada, no debe ser un obstáculo para su entrada al país de destino.

Art. XIV. Las mercancías y objetos especificados en los incisos (1) y (2) del artículo XII, no caen bajo la aplicación de las medidas de prohibición á la entrada, si se demuestra, á la autoridad del país de destino, que han sido expedidos cinco días al menos antes del principio de la epidemia.

Art. XV. El modo y el sitio de la desinfección, á la llegada de las mercancías, así como los procedimientos que deberán emplearse para asegurar la destrucción de las ratas y mosquitos, se fijarán por la autoridad del país de destino. Estas operaciones deberán hacerse de manera de deteriorar los objetos lo menos posible.

Corresponde á cada país arreglar la cuestión relativa al pago eventual de indemnización que resultare de la desinfección ó de la destrucción de las ratas ó mosquitos.

Si, con ocasión de las medidas tomadas para asegurar la destrucción de las ratas ó los mosquitos á bordo de los buques, la autoridad sanitaria percibiere algún impuesto, sea directamente, sea por intermedio de una sociedad ó de un particular, el monto de este impuesto deberá fijarse por una tarifa publicada de antemano y establecida de manera que no pueda resultar de su aplicación una fuente de beneficios para el Estado ó para la Administración sanitaria.

Art. XVI. Las cartas y correspondencia, impresos, libros, periódicos, papeles de negocios, etc. (no comprendiendo las encomiendas postales, "colis postaux"), no se someterán á ninguna restricción ni desinfección. En caso de fiebre amarilla, los paquetes postales (colis postaux) no se someterán á restricción alguna.

Art. XVII. Las mercancías que lleguen por tierra ó por mar, no podrán ser retenidas en las fronteras ni en los puertos.

Las únicas medidas que se permitirá prescribir respecto á aquéllas, quedan especificadas en el Artículo XII.

Sin embargo, si las mercancías que llegan por mar á granel ("vrac") ó en embalajes defectuosos han sido, durante la travesía, contaminadas por ratas que se reconozcan como apestadas, y si no pueden aquéllas ser desinfectadas, la destrucción de los gérmenes puede asegurarse depositando las mercancías por el tiempo que determine la autoridad sanitaria en el puerto de llegada.

Se entiende que la aplicación de esta última medida no deberá traer consigo ni detención para la nave, ni gastos extraordinarios que resulten de la falta de almacenes en los puertos.

Art. XVIII. Cuando las mercancías han sido desinfectadas, por aplicación de las prescripciones del Artículo XII ó puestas en depósito temporal, en virtud del párrafo tercero del Artículo XVII, el propietario ó su representante tiene el derecho de reclamar de la autoridad sanitaria que ha ordenado la desinfección ó el depósito, un certificado que indique las medidas tomadas.

Art. XIX. Equipajes. La desinfección de la ropa sucia, vestidos y objetos que hacen parte de equipaje ó de mobiliario (artículos de instalación) que provengan de una circunscripción territorial declarada contaminada, no se hará efectiva sino en los casos en que la autoridad sanitaria los considere como contaminados.

No habrá desinfección de equipajes cuando se trata de fiebre amarilla.

Sección tercera.—*Medidas en los puertos y en las fronteras de mar.*

Art. XX. Clasificación de los buques. Se considera como *infectado* el buque que tenga la peste, el cólera ó la fiebre amarilla á bordo ó que haya presentado uno ó más casos de cólera, ó de peste á bordo, durante los últimos siete días, y en caso de fiebre amarilla, uno ó más casos durante la travesía.

Se considera como *sospechosa* la nave á bordo de la cual ha habido casos de peste ó de cólera en el momento de la partida ó durante la travesía, pero en la cual no se ha declarado ningún caso nuevo desde hace siete días. Serán también sospechosos, tratándose de fiebre amarilla, los buques que hayan permanecido en tal proximidad á las costas infectadas, que haya hecho posible la entrada de mosquitos en ellos.

Se considera como *indemne*, aun cuando llegue de puerto contaminado, una nave que no ha tenido ni defunciones ni casos de peste, de cólera ó de fiebre amarilla á bordo, sea antes de la partida, sea durante la travesía ó en el momento de la llegada, y que, en el caso de fiebre amarilla, no se haya aproximado á la costa infectada á una distancia suficiente, á juicio de las autoridades sanitarias, para recibir mosquitos.

ART. XXI. Los buques *infectados de peste* se someterán al régimen siguiente:

(1) Visita médica (inspección).

(2) Los enfermos serán desembarcados inmediatamente y aislados.

(3) Las otras personas deben ser igualmente desembarcadas, si es posible, y sometidas, á contar desde la llegada, á una observación [a] que no excederá de cinco días.

(4) La ropa sucia, los efectos de uso y los objetos de la tripulación [b] y de los pasajeros que, según el parecer de la autoridad sanitaria, sean considerados como contaminados, deben ser desinfectados.

(5) Las partes del buque que han sido habitadas por apestados ó que, según el parecer de la autoridad sanitaria se consideran como contaminados, deben ser desinfectados.

(6) La destrucción de las ratas del buque debe efectuarse, antes ó después de la descarga, lo más rápidamente posible, y, en todo caso, en un plazo máximo de 48 horas, evitando deteriorar las mercancías, el buque ó las máquinas.

Para los buques en lastre, esta operación debe hacerse lo más pronto posible antes de la carga.

ART. XXII. Los buques *sospechosos de peste* se someterán á las medidas indicadas en los números 1, 4 y 5 del Art. XXI.

Además, la tripulación y los pasajeros pueden ser sometidos á una observación que no excederá de cinco días, á partir de la llegada del buque. Se puede, durante el mismo tiempo, impedir el desembarque de la tripulación, siempre que no lo exija el servicio. Se recomienda destruir las ratas del buque. Esta operación se efectuará antes ó después de la descarga, lo más rápidamente posible, y en todo caso, en una dilación máxima de cuarenta y ocho horas, evitando deteriorar las mercancías, el buque ó las máquinas.

Para los buques en lastre esta operación se hará, si hay lugar, lo más pronto posible, y en todo caso antes de la carga.

ART. XXIII. Las naves *indemnes de peste* serán admitidas á libre plática inmediatamente, cualquiera que sea la naturaleza de su patente.

El único régimen que puede establecer la autoridad sanitaria del puerto de llegada, consiste en:

(1) Visita médica (inspección).

(2) Desinfección de la ropa sucia, efectos de uso y otros objetos de la tripulación y de los pasajeros, pero solamente en los casos excepcionales, cuando la autoridad sanitaria tenga razones especiales para creer en su contaminación.

(3) Sin que la medida pueda ser exigida como regla general, la autoridad sanitaria puede someter á los buques que lleguen de un puerto contaminado, á una operación destinada á destruir las ratas de á bordo antes ó después de la descarga. Esta operación deberá hacerse tan pronto como sea posible, y en todo caso no deberá durar más de veinticuatro horas, evitando deteriorar las mercancías, el buque ó las máquinas, y estorbar la circulación de los pasajeros, ó la tripulación entre el buque y la costa. Para los buques en lastre se procederá, si hay lugar, á esta operación lo más pronto posible y, en todo caso, antes de la carga.

Cuando un buque procedente de un puerto contaminado haya sido sometido á la destrucción de las ratas, esta operación no podrá ser renovada sino cuando el buque ha hecho escala en un puerto contaminado, amarrándose á un muelle, ó si la presencia de las ratas muertas ó enfermas se ha comprobado á bordo.

La tripulación y los pasajeros pueden ser sometidos á una vigilancia que no excederá de cinco días, á contar de la fecha en que el buque salió del puerto contaminado.

Se puede igualmente durante el mismo tiempo impedir el desembarque de la tripulación, excepto por causa del servicio.

La autoridad competente del puerto de llegada puede siempre reclamar, bajo juramento, un certificado del médico de á bordo ó, en su defecto, del capitán, que atestigüe que no ha habido caso de peste en la nave desde su partida, y que no se ha observado mortalidad insólita de ratas.

ART. XXIV. Cuando en una nave indemne, después de examen bacteriológico, se ha averiguado que hay á bordo ratas apestadas, ó bien cuando se comprueba una mortalidad insólita en estos roedores, habrá que aplicar las siguientes medidas:

1. Naves con ratas apestadas:

(*a*) Visita médica (inspección).

(*b*) Las ratas deberán ser destruídas antes ó después de la descarga, lo más rápidamente posible y, en todo caso, en un plazo máximo de 48 horas, evitando deteriorar las mercancías, los buques ó las máquinas. Los buques en lastre sufrirán esta operación lo más pronto posible y, en todo caso, antes de hacer la carga.

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[a] La palabra "observación" significa aislamiento de los viajeros á bordo de un buque ó en una estación sanitaria, antes de ponerlos á libre plática.

[b] La palabra "tripulación" se aplica á las personas que hacen parte de la dotación del buque ó del personal del servicio, comprendiendo los mayordomos, criados, "cafedji." etc.

(*c*) Las partes del buque y los objetos que la autoridad sanitaria local considere contaminados serán desinfectados.

(*d*) Los pasajeros y tripulación pueden ser sometidos á una observación que no exceda de cinco días, contados desde la fecha de llegada, salvo en casos excepcionales en los que la autoridad sanitaria puede prolongar la observación hasta un máximum de diez días.

2. Buques en donde se ha comprobado una mortalidad insólita en las ratas:

(*a*) Visita médica (inspección).

(*b*) El examen de las ratas, desde el punto de vista de la peste, que se hará tan pronto como se pueda.

(*c*) Si la destrucción de ratas se juzga necesaria, se hará en las condiciones antes indicadas, con respecto á los buques con ratas apestadas.

(*d*) Hasta que toda sospecha se haya disipado, los pasajeros y la tripulación pueden ser sometidos á una observación que no exceda de cinco días, contados á partir de la fecha de llegada, salvo en casos excepcionales en los que la autoridad sanitaria puede prolongar la observación hasta un máximum de 10 días.

ART. XXV. La autoridad sanitaria del puerto entregará al capitán, al armador ó á su agente, siempre que se le pida, un certificado en el que conste que las medidas de destrucción de las ratas han sido efectuadas y que indique las razones por las cuales estas medidas han sido aplicadas.

ART. XXVI. Los buques *infectados de cólera* se someterán al siguiente régimen:

(1) Visita médica (inspección).

(2) Los enfermos se desembacarán y aislarán inmediatamente.

(3) Las otras personas se desembarcarán también si es posible, y se someterán, desde la llegada del buque, á una observación cuya duración no excederá de cinco días.

(4) La ropa sucia, los efectos de uso y los objetos de los tripulantes y de los pasajeros que, conforme al parecer de la autoridad sanitaria del puerto, se consideren como contaminados, serán desinfectados.

(5) Las partes del buque que han sido habitadas por los enfermos de cólera ó que las autoridades del puerto consideren como contaminadas, serán desinfectadas.

(6) El agua de la cala será evacuada después de la desinfección.

La autoridad sanitaria puede ordenar la substitución de una buena agua potable á la que está almacenada á bordo.

Se prohibirá derramar las deyecciones humanas ó dejarlas escurrir en las aguas del puerto, á menos de que aquéllas sean desinfectadas previamente.

ART. XXVII. Los buques *sospechosos de cólera* serán sometidos á las medidas prescritas en los incisos (1), (4), (5) y (6) del Art. XXVI.

La tripulación y los pasajeros pueden ser sometidos á una observación que no excederá de 5 días después de la llegada del buque. Se recomienda impedir, durante el mismo tiempo, el desembarque de los tripulantes, salvo por razones del servicio.

ART. XXVIII. Los buques *indemnes de cólera* serán admitidos á libre plática inmediatamente, cualquiera que sea la naturaleza de su patente.

El único régimen que puede establecer la autoridad sanitaria del puerto de llegada, consistirá en las medidas indicadas en los números (1), (4), y (6) del Art. XXVI.

La tripulación y los pasajeros pueden ser sometidos, desde el punto de vista del estado de salud, á una observación que no excederá de cinco días contados desde la fecha en que el buque salió del puerto contaminado.

Es de recomendarse que se impida, durante el mismo espacio de tiempo, el desembarque de la tripulación, salvo por razones del servicio.

La autoridad competente del puerto de llegada puede siempre reclamar, bajo juramento, un certificado del médico de á bordo ó, en su defecto, del capitán, en el que se haga constar que no ha habido caso de cólera en el buque después de su partida.

ART. XXIX. La autoridad competente tendrá en cuenta, para la aplicación de las medidas indicadas en los artículos del XXI al XXVIII, la presencia de un médico y de aparatos de desinfección (estufas) á bordo de los buques de las tres clases arriba mencionadas.

En lo que se refiere á la peste, tendrá también en cuenta la instalación á bordo de aparatos destinados á la destrucción de las ratas.

Las autoridades sanitarias de los países á los cuales convenga entenderse sobre este punto, podrán dispensar de la visita médica y de otras medidas á las naves indemnes que tuvieren á bordo un médico especialmente comisionado por su país.

ART. XXX. Pueden prescribirse medidas especiales para los buques en que haya aglomeración, particularmente para las naves de emigrantes ó para cualquier otro buque que ofrezca malas condiciones higiénicas.

ART. XXXI. Toda nave que no quiera someterse á las obligaciones impuestas por la autoridad del puerto en virtud de las estipulaciones de la presente Convención, queda en libertad de volverse á la mar.

Puede ser autorizada á desembarcar sus mercancías después de haber tomado las siguientes precauciones:

(1) Aislamiento del buque, de la tripulación y de los pasajeros.

(2) En lo que concierne á la peste, pedir informaciones relativas á la existencia de una mortalidad insólita entre las ratas.

(3) En lo que concierne al cólera, hacer la evacuación del agua de la cala, después de su desinfección, y substitución de una buena agua potable á la que esté almacenada á bordo.

Puede igualmente ser autorizada á desembarcar á los pasajeros que lo soliciten, á condición de que éstos se sujeten á las medidas prescritas por la autoridad local.

ART. XXXII. Las naves de una procedencia contaminada, que han sido desinfectadas y que han sido objeto de medidas sanitarias aplicadas de una manera suficiente, no sufrirán una segunda vez estas medidas á su llegada á un puerto nuevo, á condición de que no si haya producido ningún caso después que se practicó la desinfección y que no hayan hecho escala en un puerto contaminado.

Cuando un buque desembarque solamente pasajeros y sus equipajes ó las valijas del correo, sin haber estado en comunicación con la costa, no debe considerársele como habiendo tocado el puerto; y,

En el caso de fiebre amarilla, cuando no se haya aproximado suficientemente á la costa para recibir mosquitos á bordo.

ART. XXXIII. Los pasajeros llegados en una nave infectada, tienen la facultad de reclamar de la autoridad sanitaria del puerto un certificado que indique la fecha de su llegada y las medidas á las cuales han sido sometidos ellos y sus equipajes.

ART. XXXIV. Los vapores correos serán objeto de un régimen especial que se establecerá de común acuerdo entre los países interesados.

ART. XXXV. Sin perjuicio del derecho que tienen los Gobiernos de ponerse de acuerdo para organizar estaciones sanitarias comunes, cada país debe proveer lo menos uno de los puertos del litoral de cada uno de sus mares, de una instalación y de materiales suficientes para recibir una nave, cualquiera que sea su estado sanitario.

Cuando un buque indemne procedente de un puerto contaminado llegue á un gran puerto de navegación marítima, se recomienda no enviarlo á otro puerto con el objeto de que se someta á las medidas sanitarias prescritas.

En cada país, los puertos abiertos á las procedencias de otros contaminados de peste, de cólera ó de fiebre amarilla, deben estar provistos de tal manera, que los buques indemnes puedan sufrir allí, desde su llegada, las medidas prescritas y no sean remitidos para este efecto á otro puerto.

Los Gobiernos harán conocer los puertos que hayan abierto á las procedencias de otros infectados de peste, de cólera ó de fiebre amarilla.

ART. XXXVI. Se recomienda que en los grandes puertos de navegación marítima se establezca:

(*a*) Un servicio médico regular y una vigilancia médica permanente del estado sanitario de las tripulaciones y de la población del puerto;

(*b*) Locales apropiados al aislamiento de los enfermos y á la observación de las personas sospechosas. En los lugares en donde existe *stegomyia fasciata*, deberá haber edificios ó parte de ellos que tengan las puertas y ventanas protejidas por mallas de alambre, una lancha y una ambulancia protejidas de la misma manera;

(*c*) Las instalaciones necesarias para una desinfección eficaz y laboratorios bacteriológicos;

(*d*) Un servicio de agua potable, no sospechoso para el uso del puerto, y la aplicación de un sistema que presente toda la seguridad posible para la extracción de los desechos y basuras.

SECCIÓN CUARTA.—*Medidas en las fronteras terrestres—Viajeros—Ferrocarriles—Zonas fronterizas—Vías fluviales.*

ART. XXXVII. No se deben establecer cuarentenas terrestres, pero los Gobiernos se reservan el derecho de establecer campamentos de observación, si los consideran necesarios, para la detención temporal de los sospechosos.

Este principio no excluye el derecho de cada país de cerrar, cuando lo necesite, una parte de sus fronteras.

ART. XXXVIII. Es importante que los viajeros sean sometidos, desde el punto de vista de su estado de salud, á una vigilancia por parte del personal de los ferrocarriles.

ART. XXXIX. La intervención médica se limitará á una visita á los pasajeros, tomándoles la temperatura, y á los cuidados que se han de dar á los enfermos. Si esta visita se hace, se combinará hasta donde fuere posible con la visita aduanera, de modo que los viajeros sean detenidos el menor tiempo posible. Las personas visiblemente enfermas serán las únicas que se someterán á un exámen médico completo.

ART. XL. Cuando los viajeros procedentes de un lugar contaminado han llegado á su destino, sería de la mayor utilidad someterlos á una vigilancia que no exceda diez ó cinco días á contar de la fecha de partida, según que se trate respectivamente de peste ó de cólera, y de seis días en caso de fiebre amarilla.

ART. XLI. Los Gobiernos se reservan el derecho de tomar medidas particulares en relación con determinadas categorías de personas, particularmente con los vagabundos, los emigrantes ó los que atraviesan la frontera en grandes grupos ó en bandas.

ART. XLII. Los coches que hacen el transporte de pasajeros, del correo y de equipajes, no pueden ser detenidos en las fronteras. A fin de que los coches que transportan los viajeros y el correo no puèdan ser detenidos, se hará que los coches que llegan de la circunscripción infectada se detengan en la frontera y que los pasajeros se trasborden á los coches que lleguen á la frontera del otro lado.

Si sucediera que uno de esos coches se hubiere contaminado ó hubiere sido ocupado por un enfermo atacado de peste, de cólera ó de fiebre amarilla, será desprendido del tren para ser disinfectado lo más pronto posible.

ART. XLIII. Las medidas concernientes al paso por las fronteras del personal de los ferrocarriles y del correo, son de la competencia de las autoridades sanitarias interesadas. Se combinarán de modo de no estorbar el servicio.

ART. XLIV. La reglamentación del tráfico fronterizo y de las cuestiones inherentes á este tráfico, así como la adopción de medidas excepcionales de vigilancia, deberán sujetarse á arreglos especiales entre las naciones limítrofes.

ART. XLV. Corresponde á los Gobiernos de los países ribereños arreglar por medio de acuerdos especiales el régimen sanitario de las vías fluviales.

ARTÍCULOS REFERENTES Á LA FIEBRE AMARILLA.

ART. XLVI. Con respecto á los *buques infectados* de fiebre amarilla, se adoptará el régimen siguiente:

1. Visita médica (inspección).

2. Los enfermos serán desembarcados inmediatamente en una lancha protegida contra los mosquitos por tela de alambre, y conducidos al lugar de aislamiento en una ambulancia ó camilla igualmente protegida contra los mosquitos.

3. Las demás personas deben ser también desembarcadas, si es posible, y sometidas á una observación de seis días, á contar desde el de la llegada.

4. En los campamentos de observación habrá casetas ó jaulas alambradas donde se recluriá inmediamente á toda persona que presente una temperatura superior á 37.6° C., hasta que se le pueda conducir en la ambulancia ó camilla *ad hoc* al lugar de aislamiento.

5. El buque deberá anclar á una distancia de doscientos metros, por lo menos, de tierra habitada.

6. Siempre que sea posible se fumigará el buque contra los mosquitos, antes de la descarga, pero si la fumigación no fuese practicable, la autoridad sanitaria podrá disponer uno de estos dos medios, á saber:

(*a*) El empleo para la descarga de un personal inmune, ó (*b*), si esto fuese imposible, se sujetará á observación el personal de descarga durante el tiempo de ésta y por seis días más á contar desde el último de exposición á bordo.

ART. XLVII. Los buques sospechosos de fiebre amarilla serán sometidos á las medidas indicadas en los incisos 1, 3 y 5 del artículo anterior, y cuando no sean fumigados, se descargarán mediante los requisitos señalados en el párrafo (*a*) ó (*b*) de dicho artículo.

ART. XLVIII. Los buques indemnes de fiebre amarilla, procedentes de puertos infectados, serán puestos en libre plática después de la visita médica de inspección, si el viaje ha durado más de seis días. Si éste ha sido más corto, se tratará al barco como sospechoso hasta que se complete el período de seis días, á contar desde el de la partida.

Si se presentare un caso de fiebre amarilla entre los pasajeros ó tripulantes durante el período de observación, se tratará al buque como infectado.

ART. XLIX. Se permitirá inmediatamente el desembarco de todo individuo que demuestre ser inmune á la fiebre amarilla, á satisfacción de la autoridad sanitaria del puerto de arribo.

ART. L. Se estipula que en caso de dudas para interpretar esta Convención prevalecerá la interpretación del texto inglés.

DISPOSICIÓN TRANSITORIA.

Los Gobiernos que no han firmado la presente Convención pueden adherirse á ella, si así lo desean, dirigiéndose por la vía diplomática al Gobierno de los Estados Unidos de América, á fin de que éste lo comunique á los demás Poderes firmantes.

Hecha y firmada en la Ciudad de Wáshington, el día catorce de octubre de mil novecientos cinco, en dos ejemplares en español y en inglés, respectivamente, que se depositarán en el

Departamento de Estado del Gobierno de los Estados Unidos de América, con el propósito de que se remitan por la vía diplomática copias en ambos idiomas á cada uno de los países signatarios.

Dr. Eduardo Moore.
Juan J. Ulloa.
Juan Guiteras.
E. B. Barnet.
Emilio C. Joubert.
M. H. Alcívar.
Walter Wyman.
H. D. Geddings.
John S. Fulton.
Walter D. McCaw.
J. D. Gatewood.
H. L. E. Johnson, M. D.
Joaquín Yela.
E. Licéaga.
J. L. Medina, M. D.
Daniel Edo. Lavorería.
N. Veloz-Goiticoa.

MEMORIA LEÍDA POR EL DOCTOR E. LICÉAGA, DE ACUERDO CON EL PROGRAMA CIENTIFICO.

Señores: Permitidme que antes de que vuestra atención se ocupe de los asuntos que hacen el objeto del programa científico la dirija por unos momentos hácia otro punto que nos interesa como cuestión preliminar ahora, pero que será después la cuestión capital.

Esta cuestión, señores, es la que se refiere al objeto primordial de nuestra reunión; y para plantearla convenientemente, espero que me concedáis la licencia de que os recuerde sus antecedentes.

Durante los últimos meses del año de 1901 y primer mes de 1902 se reunió en México la Segunda Conferencia Internacional Americana, á la cual concurrieron representantes de diecisiete de las Repúblicas del Hemisferio Occidental, competentemente autorizadas para promover todo aquello que pudiera aumentar el bienestar moral y material de los pueblos respectivos.

En virtud de sus plenos poderes, esos delegados aceptaron y firmaron en 29 de enero de 1902 unas resoluciones sobre "Policía sanitaria internacional," cuyo contenido os pido permiso de extractar.

La primera de esas resoluciones propone: Que todas las medidas sobre policia sanitaria internacional queden bajo la dependencia de los Gobiernos nacionales.

La segunda pide: Que la detención que se exija á los barcos, en los puertos, sea de dos clases, una de observación é inspección y otra de desinfección.

La tercera cláusula tiene por objeto: Suprimir la cuarentena sobre las mercancías y artículos manufacturados que no han tenido ocasión de contaminarse á su paso por un país infectado,

La cláusula cuarta propone: Que los Gobiernos presten su cooperación á las autoridades provinciales ó municipales, con el objeto de que mejoren las condiciones sanitarias de los lugares que lo necesiten; esa cláusula pide, además, que se haga obligatoria la declaración de las enfermedades infecciosas de un país á otro.

La quinta cláusula me permito transcribirla íntegra, porque es la que se refiere directamente al objeto de nuestra Convención. Dice así:

"V. La Segunda Conferencia Internacional Americana recomienda igualmente, en beneficio de todas las Repúblicas Americanas, y á fin de que estas cooperen pronta y eficazmente en todo lo relativo á las materias mencionades en las anteriores resoluciones: Que se convoque por el consejo directivo de la Unión de dichas Repúblicas, la reunión en Wáshington, D. C., de una convención general de representantes de las oficinas de salubridad de dichas Repúblicas, dentro de un año contado desde la fecha en que la Conferencia adopte estas resoluciones; que cada uno de los Gobiernos representados en esta Conferencia designe uno ó más delegados para que asistan á dicha Convención, confiriéndole las facultades necesarias, á fin de que, en unión de los delegados de las demás Repúblicas, celebren los convenios sanitarios y formulen los reglamentos que á juicio de la misma Convención fueren más benéficos á los intereses de todos los países que en ella esten representados; que los votos de dicha Convención sean computados por Repúblicas, teniendo cada una de ellas un voto; que la Convención adopte las medidas más convenientes con el objeto de que, en lo sucesivo, se reunan otras convenciones sanitarias, en la fecha y en los lugares que se

juzgue más adecuados; y, por último, que se nombre un consejo ejecutivo de cinco miembros, por lo menos, que funcione hasta que se congregue la siguiente convención, renovándose, entónces, el personal del consejo con un presidente, que será electo en escrutinio secreto por la misma convención. Dicho consejo se denominará "Oficina Sanitaria Internacional," y residirá en Wáshington, D. C."

Señores, permitidme que llame vuestra atención sobre estos hechos:

1°. Conforme á cláusula que acabo de leer, se reunió la Primera Convención Sanitaria Internacional del 2 al 5 de diciembre de 1902.

2°. De conformidad con ella se fijó una nueva reunión para Santiago de Chile, en abril de 1904.

3°. En obedecimiento de la misma se nombró un consejo ejecutivo, que funcione permanentemente entre una convención y la siguiente.

4°. Este consejo ejecutivo, que se denominó "Oficina Sanitaria Insernacional," resolvió que la Convención que no pudo reunirse en Santiago de Chile en abril de 1904 se reuniera en 9 de octubre de 1905 en Wáshington, D. C.

5°. Por último: Esta misma Oficina Sanitaria International nos ha dado cita en esta capital y en virtud de esa cita estamos aquí reundios.

Señores, todos los hechos que acabo de citar y nuestra presencia aquí prueban hasta la evidencia que están en vigor las resoluciones que firmaron en 29 de enero de 1902 los representantes de las Repúblicas aquí representadas.

Estos hechos demuestran igualmente, señores delegados, que se ha cumplido con la mayor parte de las prevenciones que contiene la cláusula quinta, pero no se ha complido con la principal, lo que se demuestra por el hecho de no haber firmado una convención en 1902. Y digo la principal, porque esta es el objeto final, el definitivo; y por lo mismo la más importante de las prevenciones, la que literalmente dice así: . . . "que cada uno de los Gobiernos representados en esta Conferencia designe uno ó mas delegados para que asistan á dicha Convención, confiriéndoles las facultades necesarias, á fin de que, en unión de los delegados de las demás Repúblicas, celebren los convenios sanitarios y formulen los reglamentos que á juicio de la misma Convención fueren más benéficos á los intereses de todos los países que en ella esten representados; y con esta prevención no hemos cumplido.

Señores delegados, permitidme que os pregunte ¿ hay en todos las resoluciones que os he transcrito algún precepto más concreto, más bien definido, más claramente expresado? ¿Cabe duda de que él contiene el objeto final de la Convención? La contestación no es dudosa. Este precepto es el capital; la Convención tiene por objeto llevár á la práctica todas las resoluciones de la conferencia reunida en México, relativas á la policia sanitaria internacional, pero muy especialmente la de "celebrar convenios sanitarios y formular reglamentos que á juicio de la misma convención fueren más benéficos á los intereses de todos los países que en ella esten representados."

Señores, ¿hemos cumplido con este precepto capital en la convención de 1902? No, evidentemente. Pero esto se explica. Esa convención siendo la primera, era la exploradora de las intenciones de los Gobiernos que aceptaron concurrir á ella; estaba destinada á fijar los términos de los problemas científicos; á formularlos claramente; á aprobarlos, si esto era posible. Todo esto se hizo en esa convención; se plantearon los problemas; se formularon netamente; se resolvieron en definitiva los que eran más importantes. Esto quiere decir que la reunión preparatoria, la preliminar, la de orden científico ya está terminada; que de esos asuntos se ocupó la primera convención. Esa cumplió con su deber. Ya pasó. Señores, penetrémonos del papel que estamos llamados á desempeñar en la Convención actual. Ya no venimos solamente con el carácter que nos da nuestra posición oficial de consejeros técnicos en asuntos de higiene; como representantes de los consejos sanitarios venimos ahora en nombre de nuestros Gobiernos, provistos de los datos que la ciencia sanitaria ha alcanzado hasta el momento actual, apoyados en la experiencia que cada uno de nosotros ha podido adquirir en su respectivo país, y suficientemente autorizados para firmar una convención sanitaria entre las Repúblicas queí están aqu representadas.

Esta es nuestra misión; á esto hemos venido. Hagamos, señores, desde este primer momento el compromiso solemne de no separarnos antes de firmar esos convenios, formular esos reglamentos de que habla la cláusula quinta, y sólo entonces habremos cumplido con nuestro deber.

Pensad, señores, ¡en la responsabilidad que contraeremos con nuestros respectivos Gobiernos, si volvemos á nuestros hogares sin haber desempeñado la comisión que se nos ha confiado!

Vuelvo á pediros, señores delegados, que no nos separemos sin haber firmado una convención sanitaria.

Señores, me he ocupado exclusivamente de la cuestión legal porque esa es la que nos obliga. De intento no he querido tratar las cuestiones de conveniencia y de utilidad, porque estas son indudables.

Que subsistieran las cuarentenas en los tiempos pasados, se concibe y se explica porque descansaban solamente en un conocimiento práctico. Este conocimiento práctico es que

las enfermedades epidémicas son transmitidas por los hombres, por sus medios de transporte, por sus vestidos de uso y por las mercancías. Este es el hecho bruto, pero es el que servía para dictar las medidas de precaución. Los hombres nos traen la enfermedad; pues detengamos á los hombres. Los barcos transportan las enfermedades; detengamos los barcos. Las mercancías suelen conducir la enfermedad; impidamos la entrada de las mercancías. Todos estos son hechos de observación, pero mal observados. ¿Durante cuánto tiempo detendremos á los hombres y á las embarcaciones? Al resolver esta cuestión comenzaba la divergencia. Divergencia que tenia por base la observación también, pero incompleta, de los hechos observados.

Las embarcaciones se detenían siete días, diez días, veinte días, cuarenta días; ¡dos meses! como se hacia en Panamá el año de 1892 cuando amenazaba el cólera que había invadido entonces á España! Pero al miedo como consejero higiénico comienza á substituirse la razón. Ya Inglaterra observa que en las ciudades saneadas las enfermedades transmisibles no se hacen epidémicas y sanea sus puertos de mar, invirtiendo en ello sumas enormes; y desde entonces separa á los hombres enfermos, limpia las embarcaciones y las deja entrar. Vienen luego los admirables, los trascendentales descubrimientos de Pasteur y de una sola vez, como si se desgarrára un velo, se descubre que las enfermedades que formaban el grupo de las transmisibles dependian de causas diferentes, de gérmenes vivos. Y después de Pasteur vienen los Koch, los Pfeiffer, los Roux, los Yersin, los Kitasato y nos enseñan que uno es el gérmen del cólera y otro el de la tuberculosis y otro el de la difteria y otro diferente el de la peste bubónica!

Y en posesión de este conocimiento, esto es, de que los gérmenes de esas enfermedades son seres vivos, se averigua el lugar que ocupan en la serie; se estudia su historia natural en donde encuentran sus condiciones para vivir, cómo se desarrollan, qué medios favorecen su multiplicación y cuáles son los desfavorables y en cuáles otros su vida se aniquila; y de este conocimiento detallado é individual para cada gérmen, de cada enfermedad, se sacan lógica, necesariamente los medios para combatirla.

Pero hay enfermedades transmisibles, mortíferas, que causan la ruina de comarcas y pueblos enteros y cuyo gérmen no se conoce todavía. Es cierto, pero entonces aparecen los finos, los delicados, los memorables experimentos de Reed, de Carroll, de Agramonte, dando forma, color y vida al descubrimiento hecho por el genio de Finlay y descubren ¿qué? ¿el gérmen de la fiebre amarilla? No. ¿Pues qué descubren? Descubren el modo de transmitirse la enfermedad.

Había una curiosidad científica sólo conocida de los naturalistas y era esta: Que hay seres vivos, que hay organismos que para completar su evolución, para alcanzar los fines de su vida, necesitan pasar por dos organismos; y vienen los médicos italianos y los ingleses á demostrar que la plasmodia descubierta por Laveran en la sangre de los palúdicos es uno de esos organismos que necesitan pasar por otros dos seres vivos para llegar á los fines de su existencia; y que de esos dos seres vivos uno es el hombre y el otro el cuerpo de un mosquito del género *Anopheles;* y de una vez queda confirmado el admirable descubrimiento de Laveran, se completa la etiología de la malaria y se conoce su modo de transmisión.

Hé aquí, señores, los datos que la ciencia ha puesto á nuestra disposición para convertir en científicas las medidas, hasta ahora empíricas, empleadas para defendernos de las enfermedades trausmisibles.

Después de saber que cada enfermedad de las que el hombre puede llevar consigo de un punto á otro, es originada por un gérmen diferente y que este gérmen tiene condiciones diversas de existencia, y cuando conocemos al agente transmisor de la peste, al de la malaria, al de la fiebre amarilla, ¿podemos detener en frente de un puerto al buque con el hombre que trae á bordo y á los animales que quizas siguen produciendo la enfermedad en el buque? Pero analicemos el hecho á la luz de los conocimientos actuales; todo el buque es peligroso? todos los hombres que hay en el buque son temibles? todos los animales que accidentalmente lo ocupan son ofensivos, desde el punto de vista de la transmisión de las enfermedades?

Del buque no es peligrosa sino la parte que estuvo manchada por las deyecciones de un colérico, por los esputos de un tuberculoso, los de un apestado; no es peligroso más que el lugar donde hay ratas infectadas de peste ó mosquitos *Anopheles* que llevan el gérmen de la malaria ó *Stegomyia* infectado de fiebre amarilla. Luego si está en nuestro poder desinfectar el lugar del buque que se manchó con las deyecciones del colérico, con los esputos del tuberculoso ó del apestado; si nos es posible destruir las ratas y ratones enfermos de peste y los mosquitos infectados con la fiebre amarilla ó que llevan el gérmen de la malaria, dirijamos nuestra acción sobre esos lugares ó esos animales; cambiemos el agua de la sentina que pudiera contener larvas de los insectos; cubramos los depósitos de agua potable para que los mosquitos no puedan poner en ellos sus huevos; y tan pronto como estas operaciones estén hechas dejemos al buque libre; ya no es peligroso, dejémosle y no le impongamos cuarentena de detención porque es inútil; y si es inútil para nuestra defensa es perjudicial á los intereses del comercio.

Vamos á estudiar la cuestión del hombre, del temido hombre á quien se imponía cuarentena.

Desde luego no todos los hombres que vienen en un buque están enfermos. Vamos á inspeccionarlos para descubrir á los que estén enfermos; separémosles de los demás porque son peligrosos para sus inocentes compañeros de á bordo; pero hay otros que sin estar seguramente atacados de tal enfermedad son sospechosos de tenerla; separémosles igualmente y tengámosles en observación; pero fuera del buque. Allí serían peligrosos si ya tienen la enfermedad y serían víctimas si no la tienen; separémosles pues. La inspección nos ha permitido descubrir que los demás pasajeros están sanos, pues dejémosles en libertad. Mas se nos dirá: Algunos de estos pasajeros que parecen sanos pueden llevar incubada la enfermedad. Sí, es verdad. ¿Pero sería conveniente dejarlos en un lugar estrecho, poco ventilado, en los camarotes y donde hay acumulación? ¿No sería mejor sacarlos y vijilarlos afuera del buque y solamente por el número de días que dure la incubación y en un lugar especial y espacioso en donde haya un personal inteligente que los vigile? Pues hagámoslo así; pero de todos modos desocupemos el buque para que se desinfecte de los gérmenes que pueda haber en su suelo y de los mosquitos infectados que pudiera haber en sus techos.

Si pues está en nuestra posibilidad separar y aislar á los enfermos y á los sospechosos y vigilar á los que pueden llevar en germen la enfermedad, dejemos libres á todos los otros que ya no temerán los rigores de la cuarentena y no nos engañarán sobre su estado de salud, porque ya no les es útil engañarnos. Desocupado el buque ya podemos desinfectarlo y á su vez dejarlo en libertad.

¿Cómo ha de hacerse la inspección de tripulantes y pasajeros. cómo se hará la desinfección de los buques á propósito de cada una de las enfermedades cuyo germen es diferente y cuyo modo de transmisión es diverso? Esto lo expliqué detenidamente en el discurso que pronuncié en la convención anterior y propuse una serie de resoluciones á propósito de la fiebre amarilla, del cólera y de la peste y otra resolución general que las abarcaba todas; resoluciones que, á mi juicio, pueden servir de base á una discusión.

Si los señores delegados lo desean, la secretaría de la Convención podrá dar lectura á las resoluciones y á las consideraciones que las motivaran.

¿Señores, después de la exposición que acabo de hacer podrá caber duda de la conveniencia y de la utilidad de suprimir las cuarentenas como se hacía hace un siglo y de hacerlas como lo reclama nuestro estado de civilización, como lo exijen los conocimientos precisos sobre tal enfermedad; como nos obligan á hacerlo de consuno los intereses del comercio y de la libre comunicación de los hombres?

Pero hay ideas, señores, ligadas á una expresión, á un vocablo, que mientras exista esa expresión, ese vocablo, no hay modo de separarlo de la idea ó concepción á la cual se asoció hace siglos.

Señores, hagamos el sacrificio de la palabra "cuarentena," borrémosla de nuestro vocabulario actual y ya no nos costará trabajo aceptar las medidas que vengo proponiendo, pero, lo que es más, ya no tendremos miedo de aceptar, en nombre de nuestros Gobiernos, las resoluciones adoptadas en la convención anterior, la cual no fué más que el preámbulo científico de la que ahora nos ha hecho reunir en este suelo hospitalario, cuna de tantas inovaciones. En medio de este pueblo que ha roto todos los lazos convencionales que ligan aun á muchos pueblos con las preocupaciones del pasado, con las tradiciones de lo que no es útil, ni práctico; pueblo, que lo mismo ha declarado su independencia política que la industrial; lo mismo la científica que la artística; que se ha separado de los caminos triviales en la guerra y la diplomacia.

Á vosotros, señores delegados, que representais aquí, en vuestras respectivas naciones el porvenir de la raza latina en el mundo de Colón; á vosotros que sois los porta-estandartes de las ideas avanzadas de las Repúblicas que os han enviado, me dirijo, pidiendo que estos pueblos jóvenes, llenos de vida y de nobles aspiraciones entren con paso franco y resuelto en la nueva vía.

Dejemos, señores, las antiguas preocupaciones; olvidemos lo que significaba la palabra "cuarentena;" sustituyamos esa frase anticuada por otra que represente las actuales aspiraciones sobre higiene pública. Adoptemos una nueva bandera para el combate contra las enfermedades transmisibles; inscribamos en ella como lema, "Resguardar los intereses de la Salud Pública sin perjudicar ó perjudicando lo menos posible los intereses del comercio y de la libre comunicación de los hombres" y afiliados á la doctrina científica y apoyando nuestras leyes sanitarias en aquella sublime máxima, "No hagas á otro lo que no quieras para tí," reduzcamos las exigencias contra nuestros vecinos á las que desearíamos que ellos nos impusieran.

Si firmamos una convención que por una parte se funda en la ciencia y por otra en la justicia, habremos celebrado un pacto con el cual probaremos que las naciones de la América Latina son dignas de heredar la civilización de las que en el viejo mundo les dieron la vida; y que el árbol que arraigó hace dos mil años en el Latio, viene ahora á depositar sus frutos, pero ya sazonados, del otro lado del Atlántico, borrando la inscripción que estaba grabada en la salida del Mediterráneo, "Non plus ultra." Probemos, señores, que tenemos

á la ciencia y á la justicia de nuestra parte para arrancar de su sitio esa vieja inscripción recordando que actualmente la ciencia y la justicia desconocen las fronteras de los pueblos y las lenguas diversas, y que si hemos de invocar el pasado será solamente para traer á nuestra memoria sus glorias á las cuales debemos aspirar.

Cuando el pueblo Norte Americano nos llama á su propia casa; pone á nuestra disposicion las conquistas que sus hijos han hecho en las ciencias sanitarias; cuando nos ha reunido aquí, con autorización suficiente de nuestros respectivos Gobiernos para hacer y firmar convenios y reglamentos que den unidad á las medidas que aseguren á la vez los intereses de la salud pública, sin perjudicar ó perjudicando lo menos posible los intereses del comercio, ¿podremos contentarnos como la vez pasada con hacer estudios de carácter científico como si asistiéramos á una academia, sin cumplir con las obligaciones que nos impone la cláusula quinta de la Conferencia Internacional Panamericana, es decir, sin aplicar á la práctica lo que la ciencia nos ha enseñado? No, no es posible; esto no esta de acuerdo con las legítimas aspiraciones de los Gobiernos que nos han enviado aquí para dar una solución, la mejor resolución, á un problema que, si no resolvemos desde luego, aplazará la urgentísima realización de un gran progreso, en beneficio de la higiene y del comercio, y la ocasión de estrechar con un lazo nuevo de recíproco interés, la amistad de los pueblos del Hemisferio Occidental.

Señores Delegados: En nombre de los progresos de la ciencia sanitaria, en nombre de la civilización, en nombre de los intereses bien entendidos de la humanidad, yo os suplico que ajustes una Convención Sanitaria Internacional de las Repúblicas aquí representadas, y que obtengais de vuestros Gobiernos respectivos la sanción legal de esta Convención, para que esta reunión alcance el objecto para el cual fué convocada.

WÁSHINGTON, *octubre 9 de* 1905.

INFORME DEL DELEGADO DE CHILE, DR. EDUARDO MOORE.

En los últimos dos años la República de Chile ha sido visitada por dos enfermedades introducidas de afuera, la peste bubónica y la viruela.

La peste bubónica que se estacionó largo tiempo en las costas del Pacífico de Norte América, invadió el litoral de algunos Departamentos del Perú, y poco tiempo después Chile (Iquique, Pisagua, Antofagasta y otros lugares de menor importancia del desierto de Atacama). Esta epidemia fué atacada con energía, y hoy existe uno que otro caso. La enfermedad declina en forma que se divisa su pronta terminación.

La viruela existía en Chile en forma esporádica, pero hace un año y medio fué importada de Bolivia por intermedio del Ferrocarril de Antofagasta. Esta epidemia ha demostrado que el virus exótico es de una energía considerable, pues, apesar de la inmensa cantidad de vacunados antiguos, la viruela ha estallado sin hacer diferencia de antiguos vacunados, ni edad, ni sexo. El trabajo de revacunación se ha impuesto en grande escala, á punto de ser casi insuficiente la producción nacional de vacuna, y por lo tanto siendo obligados á importar vacuna de las Repúblicas vecinas.

Hasta ahora no existe en el país ley de vacuna obligatoria.

Las vacunaciones y revacunaciones han agotado ya casi por completo la epidemia.

Dos puntos ha establecido en Chile la invasión de la viruela.

1°. Que el virus variólico que existía en el país era muy atenuado, pues era señalado el caso de viruela que existía, y estos casos eran benignos, atacando rarísima vez á los antiguos vacunados, antiguos vacunados que eran inmunes con la antigua vacuna humana, que era la única existente antes de veinte años.

2°. Que toda epidemia tenaz y mortífera viene de afuera, pues el virus actual es boliviano, y una gran epidemia que azotó anteriormente las provincias australes era originario de las costas del Atlántico.

Podríamos agregar una enseñanza utilísima: Existe la creencia entre algunos sabios que en la vacunación de brazo á brazo la inmunidad es completa, ó en otros términos, que los vacunados de este modo quedaban inmunes para toda la vida, y bien, las dos epidemias mortíferas de origen exótico, introducidas en Chile han estallado sin distinción, atacando un número considerable de vacunados antiguos, que lo fueron por el sistema único entonces, el de brazo á brazo.

También han probado estas epidemias que la protección de la vacuna animal es por seis á siete años.

MEDIDAS SANITARIAS.

Después de la primera Conferencia Sanitaria Panamericana, Chile ha mejorado su servicio de sanidad pública.

1°. Se trabaja en Santiago en la pavimentación radical, aprobada y contrada.

2°. El alcantarillado de la Ciudad de Santiago empezó á principios de este año.

3°. Los estudios para mejorar las obras de sanidad de Valparaiso, especialmente el alcantarillado, están por terminarse, así como aquellos que completarán los servicios de agua potable y ejecutarán los alcantarillados de las ciudades de Talca y Concepción.

4°. Se provee de agua potable á casi todas las ciudades que aún carecían de este elemento, y se mejora el servicio en otras.

OTRAS OBRAS.

Se dá á contrata el gran trabajo de la formación del Puerto de Valparaiso, aprobado por ley de la República. Esta obra de gran importancia costará al erario nacional más de 50,000,000 de pesos.

Están terminados los estudios para mejorar el puerto de Constitución sobre el Río Maule.

En el informe que presenté en 1902 á la primera conferencia se describió ampliamente las leyes sanitarias de la República.

INFORME DEL DR. JUAN J. ULLOA, DELEGADO DE COSTA RICA.

Desde la última reunión celebrada por esta convención el año 1902 en esta misma ciudad de Wáshington se han llevado á cabo en Costa Rica algunos trabajos sanitarios, y su Gobierno ha seguido prestando mucha atención á todos los asuntos relativos á la higiene pública.

Como tuve el placer de manifestarles en la última convención, el Gobierno Nacional tiene poderes plenos con respectos á las disposiciones de un carácter legal relativas el establecimiento de todas las medidas sanitarias que las autoridades consideren importante recomendar, y las cuales se ponen en vigor después de haberse consultado la opinión de la Facultad Médica de Costa Rica, que es la junta consultora más alta en cuestiones de higiene.

En las distintas secciones del país hay las necesarias autoridades de policía sanitaria, y más particularmente en los puertos de mar, en cada uno de los cuales hay un médico al frente del departamento. Este funcionario está investido de plenos poderes ejecutivos para hacer que se lleven á cabo todos los reglamentos y disposiciones sanitarios.

Desde que la teoría. del modesto sago cubano, el Dr. Carlos Finlay, quedo sentada como doctrina, principalmente después que se demostraron sus méritos plenamente por la obra habilísima llevada á cabo por la junta del ejército de los Estados Unidos, ha sido adoptada por la mayoría de los caudillos de la ciencia sanitaria del mundo, obligando á los Gobiernos, como guardianes públicos del bienestar de sus respectivos súbditos, á que basaran sus medidas preventivas contra la fiebre amarilla en el hecho probado de la propagación de este mal por medio de la picadura de un mosquito infectado, de la especie *Stegomyia fasciata*.

Costa Rica ha basado todos sus medidas profilácticas contra tan justamente temido enemigo, como es la fiebre amarilla, en la doctrina de Finlay, copiando en pequeña escala la eficacísima instalación de la ciudad de la Habana, la cual tuve el placer de inspeccionar personalmente. Desde hace dieciocho meses no ha occurrido ni un caso de fiebre amarilla en Puerto Limón, y tengo la seguridad de que continuando con los métodos que se hallan actualmente en vigor, en lo porvenir quedarémos libres de una epidemia de esta enfermedad. Ningún caso de esa fiebre se ha notificado de Puntarenas, nuestro puerto del Pacífico, en donde se han adoptado medidas semejantes á las de Puerto Limón.

Para mí es una dicha muy grande el poder añadir nuestra experiencia en Costa Rica como una prueba en apoyo de las demostraciones hechas en la Habana, y más adelante corroboradas por el eficaz trabajo ejecutado en la República de Méjico bajo la dirección del Doctor Licéaga, probando fuera de toda duda racional, que la única transmisión de la fiebre amarilla se verifica por medio del intermediario *Stegomyia fasciata*.

Tengo el placer de decir que las medidas adoptadas en Costa Rica contra la fiebre amarilla están basadas en las lecciones de Finlay, Guiteras, Carroll, Reed, Agramonte, etc., parte de cuyas obras fué traducida por Don Cleto González Víquez, y que también fueron las fuentes en donde me instruí antes de poder preparar las memorias que dirigí á mi Gobierno en este importante asunto después de la interesante reunión que celebró el Congreso Sanitario Panamericano en el ciudad de la Habana en febrero de 1901.

La adopción de las medidas sanitarias basadas en las enseñanzas de los mencionados hombres eminentes, demostradas completa y eficazmente, han colocado nuestros puertos en un estado sanitario muy satisfactorio, han hecho que podamos dar amplias garantías á los países con quienes sostenemos relaciones comerciales, y nos han permitido protestar contra los reglamentos inadecuados y restrictivos de cuarentena.

En Costa Rica están actualmente en vigor las leyes de cuarentena contra los puertos de Colón, Panamá, y Nueva Orleans, á causa de que prevalece en ellos la fiebre amarilla.

Se dictaron medidas de cuarentena muy estrictas contra los puertos de Colón y Panamá, con motivo de dos casos de peste bubónica que fueron notificados desde Ancón.

Actualmente no existe en Costa Rica epidemia de ningún género; como en casi todas las ciudades del mundo ocurren casos de fiebre tifoidéa y de tuberculosis, pero las autoridades de sanidad dirijen siempre sus acciones contra ellos, y esperamos hacer que disminuya su número, gracias á la difusión de conocimientos en el pueblo y la mejora de nuestros sistemas de alcantarillado y aguas, cuya mejora se está estudiando actualmente y que se ejecutará dentro de breve tiempo.

Muy pronto se comenzarán los trabajos para completar los contratos para el sistema de alcantarillado, y para la extensión y reforma del sistema de aguas de San José, la capital de la República.

El Gobierno ha puesto mucha atención en la ciudad de Limón, nuestro puerto del Atlántico, que es la avenida principal de nuestras comunicaciones con el mundo exterior, y nuestra entrada más importante para el comercio. Alrededor del puerto hay una bien construída muralla de mar, la cual ha hecho posible el relleno de una gran extensión de la formación baja de coral que existía antes y que era un foco de infección debido á la pudredumbre y descomposición de grandes cantidades de toda clase de mariscos. Las calles de la ciudad están pavimentadas con macadam; hay un buen servicio de aguas y un sistema de alcantarillado bastante regular, el cual se está reformando actualmente. Yo abrigo la convicción de que Puerto Limón es uno de los más higiénicos que hay al Sur de los Estados Unidos en el Atlántico, y nuestro Gobierno, que ve la importancia de su mejora, está perfeccionando sus condiciones continuamente.

No deseando ocupar vuestra atención con otros asuntos que son realmente extraños al objeto de esta Convención, termino aquí mi informe.

INFORME DEL DR. E. B. BARNET, DELEGADO DE CUBA.

Señor Presidente, Señores: Como delegado de la República de Cuba, tengo el honor de presentar á esta Conferencia las ordenanzas sanitarias acordadas por la Junta Superior de Sanidad de la Isla de Cuba, para el régimen sanitario de los ayuntamientos de la República, de conformidad con lo prescrito en la Orden Militar No. 159, serie de 1902, del extinguido Gobierno interventor de los Estados Unidos.

La ley orgánica de sanidad que rige actualmente en Cuba es la precitada Orden No. 159, la que establece que se dictarán por la Junta Superior de Sanidad reglas generales para los servicios de todas las poblaciones de la República, y esas son las ordenanzas que entrego en este acto y que, próximas á aprobarse por el Gobierno de Cuba, se pondrán en seguida en vigor para llevar á cabo el fin á que se destinan.

Como lo señala la Orden No. 159, estas ordenanzas sólo tienen carácter general. Cada ayuntamiento deberá después de la promulgación, dentro de un plazo que le señalará el Ejecutivo, modificarlas y adaptarlas á sus condiciones locales, sometiendo la modificación á la aprobación de la Junta Superior de Sanidad. Existen actualmente en la República de Cuba 82 ayuntamientos, pero para la redacción de estas ordenanzas se ha tenido en cuenta la importancia de una ciudad como la Habana, á reserva de que cada ayuntamiento proponga luego las reformas de que he hecho mención.

Estas ordenanzas son un trabajo de selección y adaptación. Para llevarlo á cabo se han tenido á la vista reglamentos, ordenanzas, disposiciones, códigos sanitarios, etc., de muchos países, porque en materia de sanidad no es posible pretender el presentar asuntos originales ó nuevos, sino guiarse por lo que la práctica y la experiencia han demostrado en otros pueblos que es de verdadera necesidad y utilidad.

Las Ordenanzas se dividen en tres partes. La primera consta de cuatro capítulos, y viene á ser una especie de reglamento derivado de la Orden No. 159, ya mencionada. Esta parte trata de disposiciones generales, juntas locales de sanidad, jefes locales de sanidad, é inspectores. Tiene más bien el carácter de instrucciones que el de disposiciones.

La parte segunda es la realmente dispositiva y comprende 27 capítulos relativos á todos los asuntos sanitarios de una comunidad.

La tercera parte se concreta á las infracciones y penalidades. Clasifica aquéllas en faltas leves y graves según su importancia sanitaria, y somete la infracción al juicio del juzgado correccional para la aplicación de la penalidad correspondiente. De las infracciones que constituyen delitos contra la salud pública, se da conocimiento á los tribunales de justicia.

Las ordenanzas constan en conjunto de 653 artículos.

Como toda obra humana, y realizada en un país nuevo que acaba de nacer á la vida de la libertad, y donde las cuestiones de higiene pública eran positivamente desconocidas en la práctica, estas ordenanzas tendrán quizás muchos errores y no pocas deficiencias. Su reforma y perfeccionamiento serán obra del tiempo y la experiencia, y servirán, sin duda, para coadyuvar á continúe ocupando Cuba tán ventajoso concepto sanitario entre sus hermanas las Repúblicas de América.

Ordenanzas de la Junta Superior de Sanidad de la Isla de Cuba para el Régimen Sanitario de los Ayuntamientos de la República.

I.

La Junta Superior de Sanidad de la Isla de Cuba, en cumplimiento de lo prescrito en los apartados 7, (k) y (b) de las secciónes 1, 2, y 4, respectivamente, de la orden 159, serie de 1902, ha adoptado las ordenanzas siguientes, que aprobadas por el Ejecutivo, regularizarán los servicios sanitarios en los ayuntamientos de a República.

Conforme á lo establecido en el apartado (b) sección 4 de la citada orden, estas reglas podrán ser modificadas de acuerdo con las exigencias locales de cada ayuntamiento, á petición de la junta local de sanidad, con la aprobación del alcalde y la resolución definitiva de la Junta Superior de Sanidad, á la que se someterán las modificaciones propuestas.

De acuerdo con lo preceptuado en el decreto presidencial N° 11, del 20 de mayo de 1902, el jefe de sanidad, por sí ó por medio del secretario de la Junta Superior de Sanidad despachará personalmente con el secretario de gobernación los asuntos de la junta ó del departamento de la Habana que por su importancia lo requieran.

PARTE PRIMERA.

ADMINISTRACIÓN SANITARIA.

Capítulo II.

JUNTAS LOCALES DE SANIDAD.

Artículo 1. La administración sanitaria de cada ayuntamiento estará á cargo de una junta local de sanidad, compuesta y facultada conforme á los incisos (a) y (c), sección 4 de la orden 159; pero en los municipios donde no haya oficial de cuarentenas del puerto ó jefe de la sección de higiene especial, se procurará, para el mejor servicio técnico, que el nombramiento de uno de los vocales de la junta recaiga en un farmacéutico, veterinario, ingeniero, arquitecto ú otro profesional. Los vocales tomarán posesión de sus cargos cuando su nombramiento haya merecido la aprobación de la Junta Superior.

Art. 2. Las juntas locales de sanidad redactarán un reglamento para su régimen interior que someterán á la aprobación de la Junta Superior.

Art. 3. Cada junta local de sanidad, en uso de las facultades de que está investida, cuidará con esmero de cuanto corresponda á la salubridad del término municipal respectivo y del cumplimiento estricto de las leyes y reglamentos vigentes de carácter sanitario, así como de las disposiciones ó instrucciones de laJunta Superior en cada caso especial, con sujeción á estas ordenanzas.

Art. 4. Las juntas locales de sanidad se consideran como delegadas de la Junta Superior de Sanidad para el cumplimiento estricto, bajo un plan sanitario uniforme de la misión que les está confiada de velar por la salud pública.

Art. 5. Tendrán á su cargo, bajo las instrucciones de la Junta Superior, sin perjuicio de lo señalado en el apartado (e) de la sección 2 de la orden 159, serie de 1902, todos los servicios de higiene ó sanidad de su término municipal, vacunación ó inoculación preventivas, cementerios, inhumaciones, exhumaciones, embalsamamientos y traslación de cadáveres, inspección de la asistencia médica domiciliaria ú hospitalaria en sanatorios, asilos, inclusas, hospicios benéficos, hospitales, casas de socorro, cuarteles, fortalezas, balnearios, etc., en cuanto se refiere á sus condiciones sanitarias.

Art. 6. Las juntas locales de sanidad publicarán las instrucciones populares que estimen oportunas para evitar la propagación de enfermedades, sometiendo previamente aquéllas á la aprobación de la Junta Superior.

Art. 7. Visitarán con frecuencia las escuelas, y harán retirar de ellas á los alumnos ó maestros que encontrasen padeciendo de enfermedades transmisibles, prohibiéndoles el reingreso en la escuela hasta que no haya desaparecido todo peligro de contagio.

Art. 8. Cuidarán de que en los hospitales y asilos se observen las debidas prácticas higiénicas, sobre todo en lo que respecta á la separación ó aislamiento de los enfermos contagiosos.

Art. 9. Harán de que en las casas de vecindad, hoteles, posadas, casas de huéspedes, cafés, etc., se cumplan las disposiciones sanitarias vigentes, haciendo responsable de las infracciones al encargado, al propietario ó á los inquilinos, según los casos.

Art. 10. Instruirán á las cabezas de familia que tengan en sus casas atacados de enfermedades contagiosas, de las precauciones que estén obligados á tomar, y darán parte á los directores de escuelas de los alumnos que habiten en la casa infectada y deban ser excluídos de las clases, hasta que, terminado el caso, ú otro que le siga, se desinfecte aquélla.

ART. 11. De no contar en el lugar con los medios apropiados para practicar análisis bacteriológicos, enviarán á la Junta Superior de Sanidad las muestras de esputos, sangre, secreciones, ó cualquier otro material patológico que les entreguen los médicos para establecer un diagnóstico; participándole á los interesados el resultado del análisis tan pronto como lo reciban.

ART. 12. De las bebidas y comestibles sospechosos de falsificación, adulteración ó alteración, tomarán tres muestras de cada artículo, cuyos envases precintarán, sellarán y firmarán con el interesado de manera que no sea posible substituir el contenido sin dejar señales del hecho; y entregarán también precintadas, selladas y firmadas una muestra al vendedor, depositando otra en la junta local y enviando la tercera para el análisis correspondiente, con el acta ó informe respectivos, á la Junta Superior de Sanidad.

ART. 13. Practicarán las inspecciones domiciliarias, casa por casa, cada vez que fuese necesario, extendiendo acerca de cada una de ellas un informe en el modelo correspondiente, en el que se consignará, principalmente, el número de ocupantes, si existe ó no en la casa algún caso de enfermedad transmisible, ó si ha ocurrido alguno desde un año á la fecha, condiciones higiénicas de la casa, sus inodoros, sumideros, desagües, fosas, etc.

ART. 14. Ordenarán por escrito á los dueños de casas las obras de saneamiento que deban realizar en las mismas, dentro de un plazo determinado, sin perjuicio de conceder prórrogas justificadas y que no dilaten demasiado la ejecución de las obra .

ART. 15. Darán cuenta al juzgado correspondiente de los casos de infracciones que hayan de ser penados, acompañando el expediente, en calidad de devolución, y autorizando á alguno de los vocales ó empleados para sostener la acusación respectiva.

ART. 16. Apercibirán á los que se resistan ó demoren en cumplir las órdenes sanitarias de ser llevados ante el juzgado competente si no dan cumplimiento á lo dispuesto en el plazo ó prórroga señalado.

ART. 17. Declararán inhabitables, dispondrán la clausura consiguiente y propondrán al ayuntamiento la demolición, según los casos, de las casas, edificios, etc., que constituyan peligro para la salud ó se encontraren en estado ruinoso; siendo necesario para la demolición el reconocimiento previo por el arquitecto municipal.

ART. 18. Recomendarán á los ayuntamientos respectivos las obras que estimen necesarias para el saneamiento de sus términos municipales y que los vecinos no tengan obligación expresa de realizar, como desecación de pantanos en terrenos públicos, desagües de charcas, recogida de basuras, limpieza de calles, plazas y paseos, higiene de los mataderos y cementerios y cuantas más hubieren de hacerse en lugares públicos.

Igualmente recomendarán á los municipios el fomento de parques, paseos, arbolado, etc., para la higien zación de las poblaciones.

ART. 19. Cuando las obras de saneamiento recomendadas constituyan una necesidad urgente y el ayuntamiento se negare á realizarlas con oportunidad, darán conocimiento de ello á la Junta Superior de Sanidad, á los efectos del primer extremo del inciso (*e*) sección 3 de la orden 159.

ART. 20. Informarán á la Junta Superior de Sanidad de las obras de saneamiento que en sus términos municipales respectivos corresponda realizar á la Provincia ó al Estado.

ART. 21. Remitirán oportunamente cada año á la Junta Superior un proyecto de los gastos que exijan las atenciones sanitarias del ayuntamiento, y que deban consignarse en los prepuestos municipales.

ART. 22. Llevarán, además, del libro de actas y de otros que juzguen necesarios, un registro de todos los trabajos que ejecuten, así como de otro de los médicos, farmacéuticos, dentistas, parteras y veterinarios del término municipal, conforme al modelo que les suministre la Junta Superior.

ART. 23. Enviarán cada año, en el mes de enero, á la Junta Superior de Sanidad y valiéndose de los modelos que ésta habrá de facilitarles, un informe relativo al estado sanitario de sus municipios, necesidades que en ellos adviertan, manera de efectuar los servicios, infracciones que hayan observado y penalidades impuestas; y enfermedades infecciosas y epidemias sobrevenidas, particularidades interesantes que hayan presentado las mismas, accidentes ocurridos y cuantos más datos les pida la propia Junta Superior.

ART. 24. Suministrarán oportunamente á la Junta Superior, los cuadros estadísticos de sanidad y demografía que se les pidan, ajustados á los modelos que para el efecto se les proporcionen.

ART. 25. Informarán en cualquier tiempo á la Junta Superior de Sanidad acerca de las causas permanentes de enfermedades que ocurran en sus localidades, con indicación de las medidas que juzguen convenientes para extinguirlas.

ART. 26. Velarán porque no se carezca en la localidad de material de desinfección, y que las farmacias ó botiquines estén provistos de las substancias antisépticas de uso común y las expendan á precios normales, dando parte á la junta Superior de Sanidad, en caso contrario.

ART. 27. Formarán ó tendrán planos exactos y detallados del término municipal correspondiente, para hacer en ellos señales gráficas de las enfermedades ocurridas y otros asuntos dignos de anotación.

ART. 28. Remitirán mensualmente á la Junta Superior de Sanidad un extracto de los acuerdos tomados en las sesiones celebradas durante el mes anterior.

ART. 29. Proporcionarán á los inspectores de la Junta Superior todos los informes y datos que soliciten para el mejor desempeño de sus cargos.

ART. 30. El cargo de miembro de la junta local de sanidad es incompatible con el concejal del ayuntamiento, ó empleado del mismo que no sea de carácter puramente técnico ó facultativo.

ART. 31. La junta elegirá de entre sus vocales un secretario, él que podrá tener un oficial á sus órdenes para el despacho de los asuntos.

CAPÍTULO III.

JEFES LOCALES DE SANIDAD.

ART. 32. El jefe local de sanidad será un médico de experiencia y aptitudes reconocidas, pagado y nombrado por el ayuntamiento, con la aprobación previa de la Junta Superior de Sanidad. En caso de que en primera y segunda propuestas no merecieren los nombrados por el ayuntamiento la aprobación de la junta, ésta nombrará á quien considere con mejores aptitudes para el cargo.

ART. 33. El jefe local de sanidad será el presidente de la junta y el encargado de ejecutar los acuerdos de la misma.

ART. 34. Someterá á la aprobación de la Junta Superior el nombramiento y cesantía de los empleados de la junta local.

ART. 35. Rendirá al Jefe Superior de Sanidad cuantos informes, datos estadísticos, documentos, etc.; le pida aquél referentes á la sanidad del término municipal.

ART. 36. En el desempeño de su cargo el jefe local de sanidad se ajustará á las instrucciones que reciba del Jefe Superior de Sanidad.

ART. 37. Dará las órdenes oportunas para la detención preventiva y aislamiento de cualquier individuo afectado de enfermedad contagiosa, hasta tanto no ofrezca peligro alguno para la salud pública de conformidad con lo estatuído en el apartado (*f*) sección 3 de la orden 159, serie de 1902.

ART. 38. Rendirá á la junta local de sanidad un informe mensual y otro anual de todas sus operaciones.

CAPÍTULO IV.

INSPECTORES.

ART. 39. Los inspectores de sanidad se considerarán como delegados de confianza, del jefe de sanidad; ocuparán las horas de servicio en atender exclusivamente á sus deberes, y estarán siempre dispuestos á cumplir las órdenes que reciban.

ART. 40. Estarán provistos de un documento y de una placa metálica que acrediten su empleo, y uniformados, si lo acordare así la junta de sanidad. En virtud del cargo que desempeñan, serán respetuosos y corteses para con las personas con quienes intervengan en los asuntos del servicio; evitarán las discusiones y darán por escrito todos sus informes.

ART. 41. Harán en cada informe, que será detallado, exacto y verídico, las recomendaciones que estimen necesarias para remediar las infracciones que observen, absteniéndose por completo de dar informaciones ú órdenes directas, verbales ó escritas, á los interesados.

ART. 42. Procurarán estar bien enterados de todo lo que se relacione con el estado sanitario de sus distritos, para que puedan, en cualquier momento, facilitar los informes que se les pida por la junta ó el jefe local de sanidad.

ART. 43. Vestirán correctamente y permanecerán alejados durante las horas hábiles de todo centro de reunión ó de vicio.

ART. 44. Permanecerán en sus distritos durante las horas de servicio, á menos que reciban órdenes expresas para otros asuntos oficiales. Tampoco podrán dedicarse á la atención de intereses particulares durante dichas horas.

ART. 45. Anunciarán su cargo y el objeto de su visita al penetrar en una casa ó lugar, y practicarán con esmero y minuciosidad la inspección que corresponda, á fin de que las órdenes á que den origen sus informes no sufran después modificaciones en la oficina al comprobarse deficiencias, inexactitudes ó falsedades.

ART. 46. Comunicarán en el acto al jefe de sanidad si encontraren injustificada resistencia para la inspección por parte del propietario de la casa ó de los inquilinos, para que por aquél se reclame el auxilio de la policía, después de agotados los medios persuasivos.

ART. 47. Tendrán la mayor discreción y reserva para cuanto observaren en las casas; no emplearán las facultades de su cargo con malicia para perjudicar ó favorecer á tercero, ni para asuntos que interesen á ellos mismos ó á sus familiares.

ART. 48. Pedirán permiso á la junta local de sanidad respectiva cuando necesiten separarse temporalmente del cargo por enfermedad, ausencia ú otra causa particular.

ORDENANZAS SANITARIAS.

Capítulo I.

ABASTECIMIENTO DE AGUA.

Art. 49. Las juntas locales de sanidad atenderán con particular esmero á la adecuada provisión de agua para la localidad, tanto en lo que respecta á su cantidad como á sus cualidades bio-químicas, ya sea obtenida de acueductos, manantiales, ríos, pozos, aljibes, cubas ó cualquiera otra clase de depósitos naturales ó artificiales; y dispondrán las medidas que sean necesarias para conservar la pureza y salubridad del agua destinada á bebida y á todos usos domésticos.

Art. 50. En las poblaciones donde haya acueductos que proporcionen agua potable de buena calidad y en cantidad suficiente, con un servicio reglamentado y módico, será obligatoria la instalación de plumas independientes en todas las casas y edificios y pisos de éstos que se arrienden por separado; y se ordenará la supresión de todos los pozos, aljibes, ú otros depósitos, á menos que se destinen exclusivamente á usos industriales, siendo obligatorio en este caso el solicitar un permiso escrito de la junta, que podrá ó no concederlo.

Art. 51. Será obligatorio para la administración de los acueductos hacer que el agua llegue hasta los lugares más elevados de la población durante todas las horas del día.

Art. 52. Cuando la especialidad del caso lo exija, se ordenará el uso de filtros, ú otros medios de purificación, para mejorar el agua de que se haga uso en escuelas, asilos, cafés, y demás lugares públicos.

Art. 53. En las poblaciones que por carecer de acueductos se permita el uso de pozos y aljibes, deberán tener éstos cubiertas y paredes impermeables, y sus aberturas protegidas por telas metálicas á prueba de mosquitos. Los tubos colectores serán también impermeables, y se evitará que conduzcan las primeras aguas llovedizas. Las paredes de los pozos y aljibes distarán 10 metros, por lo menos, de cualquier pozo negro, sumidero, depósito de estiércol, fosa de abonos, etc. Sobre la cubierta de los aljibes y pozos no se permitirán cultivos de ninguna clase.

Art. 54. La extracción de agua de los pozos y aljibes, aunque estén tapados, no será permitida sino por medio de bombas, á fin de evitar con toda seguridad la entrada de mosquitos.

Art. 55. En las poblaciones en que sea de imprescindible necesidad proveerse para el consumo doméstico de las aguas de un río, se eligirá el sitio donde no puedan éstas contaminarse fácilmente, y se prohibirán los baños, lavado de ropas, descarga de excusados ó caños, desagües de alambiques, ingenios, fábricas, mataderos, cementerios, etc., aguas arriba del lugar de la toma.

Art. 56. Cualquiera venta pública de agua para el consumo ordinario donde no haya acueducto, necesitará la autorización de la junta local de sanidad, reglamentado é inspeccionado asiduamente el servicio, exigiéndose que los recipientes estén bien tapados y de material apropiado para la mejor limpieza, como de vidrio é hierro ó barro vidriado ó esmaltado.

Art. 57. No se permitirá el consumo público de agua para bebida que no sea potable.

Art. 58. En la fabricación de hielo y aguas gaseosas, se emplearán aguas perfectamente purificadas, y todas las operaciones de la fábrica se practicarán con la mayor limpieza.

El hielo destinado al consumo doméstico deberá ser límpido, sin sabor alguno y exento de todo peligro de contaminación.

Art. 59. No le será á nadie permitido ensuciar ó perjudicar, haciendo sus aguas insalubres ó impropias para el consumo, el caudal de un río ó arroyo, aunque pase por su terreno y que sea utilizado aguas abajo para usos domésticos ó de los ganados.

Art. 60. Incurrirán en responsabilidad criminal todos los que directa ó indirectamente hicieren nocivas á la salud las aguas destinadas al consumo.

Art. 61. Cuando la junta local de sanidad tenga sospecha, por haberse presentado alguna enfermedad que lo justifique, de que un acueducto, pozo, aljibe, río, etc., está contaminado, deberá hacer analizar las aguas inmediatamente y disponer los medios de cómo ha de hacerse uso de ellas sin que ofrezcan peligro, ó prohibir su consumo, según el caso.

Capítulo II.

ALIMENTOS Y BEBIDAS.

Art. 62. Los alimentos y bebidas que se introduzcan en la población ó se destinen á la venta deben estar en completo estado de pureza ó frescura, de sazón ó conservación, y corresponder siempre por sus componentes y caracteres al nombre con que se les venda, expresado claramente en el rótulo de su envase.

ART. 63. Se considerará adulterado un alimento ó bebida cuando contenga una ó más substancias extrañas á su composición natural conocida y aceptada; cuando se le haya substraído alguno ó varios de sus componentes en totalidad ó en parte, ó cuando no corresponda por su naturaleza, composición ó calidad al nombre con que se le venda.

ART. 64. Se considerará que una substancia es nociva ó perjudicial á la salud y que, por consiguiente, no es lícito en ningún caso mezclarla con los alimentos ó bebidas, no sólo cuando esté demostrado que es dañina al organismo humano, sino también cuando la ciencia conserva dudas acerca de su innocuidad, ya sea en sus efectos inmediatos ó tardíos.

ART. 65. Se considerarán alterados los alimentos ó bebidas—

1°. Cuando se hallen en estado de descomposición pútrida;

2°, Cuando estén agrios, picados, rancios ó hayan sufrido alguna otra modificación que que cambie notablemente su sabor ó su poder nutritivo ó los haga nocivos á la salud.

ART. 66. Los alimentos ó bebidas adulterados, alterados ó falsificados así como los que sean substituídos por otros, ó que resulten distintos de lo que expresen los rótulos de sus envases, deberán ser decomisados en definitiva, procediéndose desde luego á su depósito ó á lo que hubiese lugar, según lo permitiese la naturaleza de los mismos, y sin perjuicio de la responsabilidad personal de sus expendedores ó fabricantes.

ART. 67. Se prohibe la venta de cualquier alimento ó bebida al que se le haya substraído en todo ó en parte un constituyente de valor alimenticio, ó se le haya mezclado con otras substancias, si no se especifica claramente su composición en el rótulo del envase y se le advierte al comprador.

ART. 68. Se prohibe la venta, entrada ó almacenaje en la población, sea cual fuere el establecimiento ó mercado en que se efectúe, de carnes, pescados, aves, caza, frutas, vegetales, leche, bebidas, vinos, licores, etc., que no se encuentren en perfectas condiciones para el consumo, comprendiéndose también la de conservas cuyos envases estén deteriorados ó sus cubiertas levantadas ó protuberantes.

ART. 69. Se prohibe la venta en la vía pública de carnes, pescados, pastas, dulces, etc., que no estén debidamente cubiertos y protegidos contra el polvo, los insectos y el contacto de las manos; y en los establecimientos la de pastas, dulces, fiambres, golosinas, etc., que no estén guardados en vitrinas cerradas, recomendándose para su manejo el uso de instrumentos apropiados, en lugar del de las manos.

ART. 70. Queda prohibido emplear en la coloración de cualquier substancia alimenticia los colores minerales en cuya composición entren á formar parte el plomo, antimonio, cobre, cromo, arsénico ó mercurio; entre los colores orgánicos, la goma-guta y el acónito napelo; las materias colorantes derivadas de la hulla y, en general, todas aquellas que puedan ser nocivas á la salud.

Como excepción se permite emplear para la coloración de bombones, pastillas, dulces, helados pastas y refrezcos, los colores derivados de la hulla, con tal que estas materias colorantes estén exentas de antimonio, arsénico, bario, plomo, cadmio, cromo, cobre, mercurio, uranio, zinc, estaño, goma-guta, coralina y ácido pícrico.

ART. 71. Queda prohibido emplear hojas de papel de estaño plumbífero para envolver frutas, confituras, chocolates, quesos, salchichones y cualquiera otra substancia alimenticia.

Las hojas de estaño destinadas á este uso deberán estar constituídas por una aleación que contenga, por lo menos, 97 por ciento de estaño dosificado al estado de ácido-meta-estánico.

Esta aleación no deberá contener más de medio por ciento de plomo y $\frac{1}{10000}$ de arsénico.

ART. 72. Igualmente se prohibe emplear en el estañado ó reestañado de los vasos y utensilios que sirvan para los usos culinarios, los baños que no contengan una composición análoga á la indicada en el artículo anterior.

Asimismo se prohibe el uso de vasijas y utensilios de estaño, destinados á contener ó preparar substancias alimenticias, fabricados con una aleación que contenga más del 10 por ciento de plomo ó de otros metales que se encuentran ordinariamente aleados al estaño, no debiendo contener más de $\frac{1}{10000}$ de arsénico.

ART. 73. No deberán colocarse en el interior de los bombones, dulces, y en general, de toda substancia alimenticia, objetos de metal ó de aleaciones cuya naturaleza pueda formar compuestos nocivos á la salud. Las hojas metálicas empleadas para dorar ó platear los bombones y pastillas deberán de ser de oro ó plata finas.

ART. 74. Cualquiera que tenga noticias de la existencia de substancias alimenticias puestas á la venta en condiciones de insalubridad ó deterioró está en el deber de participarlo al jefe local de sanidad.

ART. 75. Se prohibe fabricar, vender ó ceder, así como autorizar que se fabriquen, vendan ó cedan, alimentos ó bebidas nocivas á la salud, ya sea el efecto tóxico ó nocivo inmediato ó tardío.

ART. 76. Los establecimientos destinados á la venta ó depósito de toda clase de alimentos, frutas, legumbres, bebidas, etc., se mantendrán en perfecto estado de ventilación y de limpieza, especialmente los pisos, paredes, mostradores, cocina, inodoros, vertederos, urinarios, etc.

ART. 77. Queda prohibido el emplear substancias venenosas ó nocivas á la salud para teñir, pintar ó colorear comestibles ó bebidas, así como el de las mismas en el papel para envolverlos; y se prohibe igualmente el empleo de substancias venenosas ó nocivas para pintar, barnizar, estañar ó vidriar vasijas y artefactos de cualquier clase que puedan contaminar los comestibles ó bebidas, incluyéndose en esta prohibición los juguetes y otros objetos dedicados á los niños.

Se prohibe asimismo emplear para la coloración de los papeles, cartones ú otros envases usados para envolver cualquier substancia alimenticia los colores en cuya composición entren á formar parte el plomo, antimonio, cobre, cromo, arsénico, mercurio, goma-guta ó acónito napelo.

ART. 78. Se entiende por vino el líquido resultante de la fermentación del zumo de la uva, sin adición de substancias extrañas á los componentes del mismo.

ART. 79. Es vino artificial el que no procede de la fermentación del zumo de la uva.

ART. 80. Queda prohibido el empleo en la fabricación de toda clase de bebidas alcohólicas por fermentación, y la adición á los vinos, de las materias siguientes:

1°. Todas las sales metálicas, los ácidos minerales ú orgánicos y los perfumes, éteres y esencias diversas.

2°. Todas las substancias antisépticas.

3°. Toda otra substancia extraña á la composición natural de los vinos y bebidas alcohólicas por fermentación.

ART. 81. Se considerarán adulterados, y nocivos ó no á la salud, según los casos, los vinos y bebidas alcohólicas que contengan—

1°. Más de 2 gramos de sulfato de potasa por litro.

2°. Más de 1 gramo de cloruro de sodio por litro.

3°. Exceso de agua ó alcohol.

4°. Materias colorantes extrañas, cualquiera que sea su procedencia.

ART. 82. Las bebidas alcohólicas por fermentación no deberán contener ninguna otra substancia colorante que la de su propia naturaleza.

ART. 83. Los expendedores de vinos adulterados ó artificiales no nocivos á la salud incurrirán en pena de decomiso y pago del análisis y de la multa; y de los que resulten nocivos se dará conocimiento á los tribunales de justicia.

ART. 84. Se prohibe la venta de vinagres de vino que contengan menos de 5 por ciento de riqueza en ácido acético.

ART. 85. Los vinagres procedentes de alcohol, cerveza, sidra, etc., se expenderán manifestándose en el rótulo del envase el producto de que proceden. Ninguno de estos vinagres deberá tener una riqueza menor de 3 por ciento en ácido acético.

ART. 86. Se considerará como adulterado todo vinagre que contenga substancias extrañas á su composición natural.

ART. 87. Queda prohibida la adición á las harinas de trigo de cualquiera substancia que tienda á aumentar su peso ó volumen natural.

ART. 88. El pan común que se destina á la venta pública ha de ser fabricado con harina de trigo sin mezcla alguna, y bien amasado y bien cocido. Queda prohibido el empleo de cualquier substancia extraña á la fabricación natural y conocida del pan.

ART. 89. De cualquiera otro pan cuya masa no sea formada exclusivamente de harina de trigo, levadura, sal común y agua, habrá de expresarse claramente su composición en el acto de la venta.

ART. 90. Las panaderías deberán estar establecidas en locales de buena luz y ventilación y adecuados para su perfecta limpieza. Los pisos, paredes, artesas, etc., se mantendrán en completo estado de aseo. No se permitirán dormitorios, excusados, caballerizas, animales, etc., en el local de las tahonas ni en comunicación directa con éste.

Se prohibe á todo el que padezca de alguna enfermedad cutánea ó transmisible, intervenir personalmente en la elaboración, despacho, etc., del pan.

El transporte del pan se efectuará con la mayor limpieza y protegido contra el polvo, los insectos y el contacto de las manos.

ART. 91. Se prohibe para la calefacción de los hornos de panaderías, dulcerías, reposterías, etc. el uso de maderas y otros combustibles que hayan estado pintados, sufrido cualquier preparación química ó impregnados de materias que resulten nocivas á la salud.

ART. 92. Las pastas alimenticias conocidas con el nombre de "pastas para sopas" serán vendidas indicándose en el envase la clase de harina empleada en la fabricación del producto.

ART. 93. Sólo se permite colorear las pastas alimenticias para sopas con azafrán puro ó con bija.

ART. 94. Se prohibe la venta de especias dedicadas á alimentos ó condimentos, tales como canela, azafrán, clavos de especia, etc., que sean adulteradas ó aumentadas en su peso, volumen y composición naturales, á no ser que se haga dentro de las prevenciones establecidas en el artículo 67 de estas ordenanzas.

ART. 95. Se prohibe asímismo vender ó denominar con el vocablo de "mantequilla" todo producto que sea fabricado exclusivamente con leche ó crema procedente de la leche,

ó con una y otra, con ó sin sal y colorantes y que en su composición entre más de 15 por ciento de agua.

ART. 96. Cualquier substancia alimenticia que por su aspecto ó sabor pueda ser confundida con la mantequilla, ó que sea preparada para el mismo uso, no podrá ser vendida sino bajo la denominación de "oleomargarina," si lo fuere; y en otro caso, llenándose para su venta las condiciones establecidas por el artículo de estas ordenanzas y bajo la pena de comiso y multa consiguiente, cuando el hecho no fuese constitutivo de delito.

ART. 97. Los envases, cajas, latas, papeles y recipientes, cualesquiera que sean, que contengan oleomargarina, para su venta ó depósito, al por mayor ó al detalle, deberán llevar impresa en español y en caracteres romanos bien visibles de un tamaño, á lo menos, de media pulgada cuadrada, la palabra "Oleomargarina."

La puesta á la venta sin la especificación anterior, ú otra, significará, para los fines de la inspección sanitaria, que lo que se expende es mantequilla.

ART. 98. Los comerciantes ó industriales que expendan bajo las denominaciones de "manteca," "manteca compuesta," ó cualesquiera otras substantias que sin ser manteca pura de cerdo se asemejen á la misma ó puedan confundirse con ella por su sabor ó aspecto, quedarán obligados á informar al comprador ó consumidor, al tiempo de la venta, que dichas substancias no son "manteca de cerdo" y á poner en los envases que las contengan un rótulo que diga en castellano, con caracteres romanos de media pulgada cuadrada por lo menos, impresos de un modo inteligible y duradero y en el lugar más visible de los mismos: "Manteca artificial."

ART. 99. Sólo podrá venderse con el nombre de "aceite de comer" el extraído de la oliva exento de toda mezcla.

Los demás aceites que se empleen como alimentos y que no resulten nocivos podrán venderse siempre que se exprese en el rótulo de los envases que los contengan, con caracteres romanos impresos en español de un modo inteligible y duradero y en el lugar más visible de aquéllos, su naturaleza ó procedencia: prohibiéndose la venta como alimento de los aceites de cualquier clase que se encuentren alterados ú oxidados (rancios).

ART. 100. La fabricación de toda clase de bebidas ha de verificarse con ingredientes de buena calidad, empleándose vasijas muy limpias que no sean de cobre, ni de ninguna otra materia que pueda hacerlas nocivas.

Tampoco se permitirá el uso de vasijas ni utensilios de cobre para la preparación de ningún comestible.

ART. 101. Se prohibe el empleo de la sacarina en bebidas y substancias alimenticias.

ART. 102. Se prohibe vender leche aguada, descremada ó adulterada de cualquier otra manera, y la procedente de animales enfermos ó que hayan sido alimentados con residuos de industrias ó productos en fermentación.

ART. 103. Para los efectos de estas ordenanzas se entenderá por leche adulterada:

1°. La leche que tenga más de 88.5 á 100 de agua; menos de 11.5 á 100 de materias sólidas y menos de 2.7 á 100 de manteca, ó que contenga alguna substancia extraña á su composición natural.

2°. La leche de animales ordeñados quince días antes y ocho días después del parto.

3°. La leche procedente de animales enfermos ó alimentados con residuos industriales y productos en fermentación.

4°. La leche á la que se le ha extraído parte ó el todo de su crema.

5°. La leche obtenida de animales albergados en lugares estrechos ó insalubres.

6°. La leche á la que se le ha agregado agua, otro líquido, leche condensada ó cualquiera otra substancia extraña, ó que se encuentre "cortada" ó descompuesta.

7°. La leche procedente de localidades donde exista escarlatina, tifus, fiebre tifoidea, cólera, difteria ú otras enfermedades transmisibles.

8°. La leche extraída de animales alimentados con plantas venenosas ó que hayan ingerido substancias tóxicas.

ART. 104. Para los efectos de la inspección será sospechosa toda leche cuya densidad sea menor de 25° (1.025), apreciados con el lacto-densímetro de Quevenne á una temperatura de 15° C. aproximadamente.

ART. 105. La leche destinada á la venta no se guardará ó almacenará en habitaciones que se utilicen como dormitorio ó para otro objeto cualquiera.

No se permitirá transvasar la leche en la vía pública, ferrocarriles ó estaciones, excepto al entregársela al comprador en el acto de la venta.

ART. 106. Sólo será permitida la venta de leche destinada al consumo público, cuando al ser envasada en botellas, botijos ú otras vasijas, éstas hayan sido sometidas á las operaciones siguientes:

1°. Las botellas, botijas y vasijas se lavarán primero con una solución caliente de jabón, lejía ú otra substancia alcalina, y después con agua caliente, antes de llenarlas de leche.

2°. La leche deberá envasarse en locales que no se deliquen á viviendas, dormitorios ú otros usos domésticos ó estén próximas á las caballerizas.

3°. Las vasijas que contengan leche destinada á la venta pública estarán provistas de una tapa apropiada para resguardar la leche del polvo y de otras impurezas.

Art. 107. Las vasijas que se empleen para la leche, han de estar muy limpias, tener las juntas lisas y no estar mohosas ni ásperas en su interior. Se prohiben las de cobre sin estañar, latón, zinc, metal con esmalte de plomo ó loza mal barnizada.

Art. 108. Si no se quisiera tapar la leche mientras permanezca en el establo ó lechería deberá ponerse tela fina sobre la abertura de las vasijas.

La limpieza de las vasijas se verificará lo más pronto posible después de vaciadas con agua hirviendo, jabón y cepillo; se enjuagnarán con agua hervida solamente y se pondrán boca abajo al sol, pero no sobre la tierra.

Art. 109. La leche almacenada para la venta se depositará siempre en un refrigerador ó nevera con una temperatura que no exceda de 10° C.

Art. 110. La nevera se lavará dos veces á la semana, por lo menos, con agua de lejía caliente.

Art. 111. La cañería de desagüe de la nevera en que se guarde la leche no deberá conectar directamente con los caños ni con la cloaca.

Art. 112. En las lecherías y otros establecimientos en que se expenda leche las medidas y utensilios usados para la misma se limpiarán perfectamente, después de la venta, con agua hirviendo, á la que se le haya añadido lejía, en la proporción de una cucharada por litro.

Art. 113. Se agitará debidamente el contenido de la vasija al venderse la leche y antes de extraer la cantidad deseada, para que las últimas porciones que se extraigan contengan tanta crema como las primeras.

Art. 114. No se echará hielo en la leche como medio de conservación de ésta, en vez de colocarla en la nevera.

Art. 115. Los carros destinados al transporte de leche deberán ser de material impermeable ó de madera pintados al óleo, y conservarse en perfecto estado de limpieza.

En cada carro se consignará en su exterior el objeto del mismo con caracteres permanentes y legibles á distancia, así como su número, y sitio de donde procede.

Los vendedores de leche en caballerías ú otros medios de transporte están obligados á conservar los serones, alforjas, etc., dedicados á este uso, en perfecto estado de limpieza.

Queda prohibido transportar en los carros, serones, alforjas, etc., destinados al expendio de leche, otras materias ó substancias, con excepción de quesos frescos, mantequilla ú otros productos de la leche.

Los conductores de leche están obligados á llevar consigo durante las horas de su tráfico, la licencia que los autorice para el ejercicio de la industria, la que exhibirán á los inspectores de sanidad cuando se les pida.

Art. 116. Los carros y caballerías destinados al transporte de la leche deberán estar inscriptos en los registros que á ese efecto se lleven en las juntas locales de sanidad.

Art. 117. Todos los que se dediquen al expendio, transporte y manipulacion de la leche destinada á la venta pública deberán estar provistos de un certificado del jefe local de sanidad en que se acredite su estado de salud. Estos certificados serán renovados cada año.

Art. 118. Los expendedores de toda clase de ieche serán provistos, conjuntamente con la licencia industrial, que exijan las disposiciones municipales, de una hoja impresa que contenga las reglas de estas ordenanzas que se refieren al expendio de la misma, y que serán facilitados y unidos de un modo permanente por la junta de sanidad.

Art. 119. Sólo será permitido usar para establo de vacas de leche, edificios que tengan por lo menos 30 metros cúbicos de espacio por cada animal, buena luz y ventilación, canalizado el piso convenientemente, bien techado, provisto deagua pura y de todo lo necesario para mantener las vacas ú otros animales de leche en buenas condiciones de salud é higiene, conforme al reglamento especial de vaquerías ó lecherías. Estos establos deberán estar situados precisamente fuera de la zona urbana de las poblaciones y no se permitirá en ellos la instalación ó ejercicio de ninguna otra industria ó comercio.

Art. 120. Los dueños ó encargados de establos de vacas ú otros animales de leche quedan obligados á mantener limpios todos los lugares del establecimiento, así como á llevar las vacas al campo entre las horas comprendidas desde las cuatro de la tarde á las ocho de la noche y á no traerlas á sus establos sino entre las cuatro y las seis de la mañana siguiente.

Art. 121. A toda persona que tenga una enfermedad cutánea ó transmisible, ó haya estado en contacto con algún enfermo de ellas, se le prohibe ordeñar las vacas ú otros animales, vender leche, manejar las vasijas, medidas ú otros recipientes de la lechería, y ayudar en esas operaciones, hasta que todo peligro de contagio haya desaparecido. Deberá además estar limpio y libre de suciedades físicas de cualquier clase.

Art. 122. Se prohibe vender ó usar para la fabricación de alimentos ó para mezclarla con otra la leche procedente de vacas enfermas. No se permitirá tampoco su uso para ningún objeto, aunque sea para la alimentación de otros animales.

Art. 123. Se prohibe introducir, almacenar ó vender leche condensada adulterada. Para los efectos de estas ordenanzas se entenderá por "Leche condensada," leche pura á la

cual se haya substraído una parte de su agua; ó á la cual se la haya despojado de una parte del agua y añadido azúcar. El término "adulterada" se refiere en el último de los casos citados á una leche condensada en que la cantidad de manteca es inferior al 25 por ciento de las materias sólidas contenidas en ella y á la que se le haya añadido cualquier substancia extraña, con excepción de azúcar, empleada como elemento de conservación.

ART. 124. Toda leche destinada á la venta quedará sujeta á la vigilancia, en cualquier tiempo y lugar y en todas las circunstancias que fueren necesarias, de los inspectores de sanidad, quienes estarán autorizados para tomar muestras en cantidad que no exceda de medio litro por cada vasija, con objeto de someterla al análisis correspondiente. Al tomarse la muestra, debe agitarse la leche suficientemente para que las pequeñas partículas de grasa queden diseminadas por igual en el líquido.

ART. 125. Los inspectores emplearán en sus ensayos el lactodensímetro de Quevenne para apreciar el peso específico, y llevarán un libro registro bien detallado de todas las muestras ensayadas.

ART. 126. Tan pronto como existan sospechas de que una leche está adulterada se ordenará una inspección al establo, lechería ó lugar de donde proceda, quedando á juicio del inspector exigir ó no que se le muestren las vacas, de donde haya sido traída.

ART. 127. El expendedor de leche que no cumpla estrictamente las reglas establecidas para la venta de este artículo quedará incurso en la multa y el decomiso consiguiente, salvo que la infracción constituya delito, en cuyo caso el inspector dará cuenta al jefe de sanidad para lo que proceda.

ART. 128. Las lecherías y los establos de vacas estarán bien ventilados y se mantendrán en las mejores condiciones de limpieza, y sus pisos se fregarán diariamente.

En los establos habrá para cada animal un pesebre y un bebedero, quedando prohibidos los pesebres y bebederos comunes.

ART. 129. No se consentirá ninguna vaca enferma en los establos, y las sanas estarán separadas unas de otras, se les dará buenos alimentos y agua pura y fresca, y se les bañará diariamente.

ART. 130. Se ventilará el local de los establos y se regará el piso antes de ordeñar las vacas para evitar que el polvo caiga en la leche.

ART. 131. La operación de ordeñar deberá hacerse con el más escrupuloso aseo, procediendo el ordeñador á lavarse las manos y lavar también la ubre del animal que se ordeñe y á enjugarlas con paño limpio, evitando que caigan en la leche pelos ó cualquiera otra substancia que la ensucie.

ART. 132. No se permitirá ordeñar vacas ú otros animales cuyas ubres presenten alguna erupción se encuentren inflamadas ó tengan alguna otra enfermedad.

ART. 133. Si durante la operación de ordeñar se obtuviese leche sanguinolenta, amarillosa ó, en general, de color y sabor distintos de la natural, se arrojará ésta limpiándose cuidadosamente la vasija que la haya contenido, suspendiendo la operación de ordeñar y poniendo en observación la vaca hasta comprobar su estado de salud y por el inspector de sanidad se autorice que sea ordeñada nuevamente.

ART. 134. Si por cualquier motivo la leche se ensuciara, no será permitido colarla, sino que será arrojada, limpiándose en el acto la vasija que la contenía.

ART. 135. Las vaquerías de fincas rústicas destinadas á la extracción de leche para la venta pública, fabricación de quesos, etc., habrán de ajustarse, en lo posible, para sus operaciones á las reglas anteriores, quedando sometidas á la inspección frecuente de la junta local de sanidad.

ART. 136. Los establos de vacas, las lecherías y vaquerías, quedan obligados á tener en lugar visible del establecimiento un ejemplar impreso, proporcionado por la junta local de sanidad, del reglamento especial por que deben regirse.

ART. 137. Queda prohibido el uso de substancias preservativas, tanto para la leche como para los demás alimentos.

ART. 138. La fabricación de queso de mano no curado deberá hacerse con leche ó crema de buena calidad y procedentes de animales sanos y para la elaboración se sujetará el fabricante á las precauciones higiénicas que sean procedentes y que hayan obtenido la aprobación del jefe local de sanidad.

Se prohibe la venta de queso fresco ó de mano por vendedores ambulantes ú otros que no tengan la mercancía en un refrigerador y al abrigo del polvo, á fin de evitar su descomposición y la producción de substancias tóxicas.

ART. 139. Toda substancia orgánica susceptible de fácil descomposición, destinada á alimento que haya de usarse en estado fresco, será conservada en un refrigerador.

ART. 140. Los granos ó polvos que se venden con el nombre de café, deberán ser exclusivamente constituídos por este fruto. Se prohibe la venta de café mezclado con subtancias extrañas, así como la de su polvo privado, por la infusión en agua, de los elementos que le comunican su aroma, sabor y propiedades peculiares.

ART. 141. El producto preparado y vendido con el nombre de chocolate será el obtenido solamente de las semillas del cacao pulverizadas y mezcladas con proporciones variables de

azúcar, aromatizado ó no. La proporción máxima de azúcar ha de ser de 60 por ciento; una cantidad mayor deberá ser expresa y claramente declarada en el rótulo del envase ó cubierta.

ART. 142. Los dueños ó encargados de establecimientos de víveres ó bebidas, están obligados á recibir la visita del inspector de sanidad; y en caso de negativa incurrirán en multa por la primera vez, y en las demás penas que les imponga el juzgado en el caso de reincidencia.

CAPÍTULO III.

CONSTRUCCIÓN DE EDIFICIOS EN LA POBLACIÓN—VENTILACIÓN—DRENAJE É INSTALACIONES SANITARIAS.

ART. 143. El terreno en que haya de erigirse una casa ó edificio será previamente saneado, y si fuere necesario terraplenar antes de la edificación, se emplearán al efecto materiales que no sean contaminados. Cuando se vaya á empezar cualquiera excavación ó remoción de tierras ó materiales, se dará aviso anticipado al jefe de sanidad, á fin de que dicte las órdenes necesarias para la desinfección del terreno.

ART. 144. La edificación ha de descansar en suelo firme, sobre una capa de cemento ú otro material adecuando. Toda habitación baja estará aislada de la tierra por una capa de asfalto ó de cemento de un espesor mínimo de 15 centímetros.

Para impedir que ascienda la humedad á través de las paredes, si fuere necesario se aislarán éstas por medio de capas de cemento, asfalto, pizarra ú otra substancia impermeable. Esta capa aisladora se colocará á unos 15 centímetros por bajo de la rasante del piso.

ART. 145. Para establecer contra una pared, medianera ó no un establo, caballerizas, almacén de sal ó depósito de substancias corrosivas, se deberán dejar 15 centímetros, por lo menos, de espacio entre el muro y la construcción proyectada.

ART. 146. Se prohibe instalar techos de cristales ó de cualquiera otra materia, en los patios y patines interiores de los edificos por encima del puntal de la planta baja de los mismos, á no ser que dichos techos sean movibles ó se hallen provistos de ventiladores de caras verticales, cuyo vano no sea inferior al tercio de la superficie del patio ó patín y de cincuenta centímetros de altura.

ART. 147. En las calles donde no exista alcantarilla, é ínterin ésta se construye, deberá tener cada casa ó edificio un pozo negro para recoger únicamente las materias fecales; pero una vez construida la alcantarilla general de la calle, los propietarios quedarán obligados á hacer las acometidas á la misma y á cegar el pozo negro. Los dueños de los edificios ó casas existentes en calles alcantarilladas, procederán á hacer las acometidas á las mismas dentro de los seis meses siguientes á la publicación de estas reglas.

ART. 148. No se permitirá la construcción, reconstrucción ó modificación, total ó parcial, para su objeto presente ó para otra cualquiera ulterior, de ninguna casa ó edificio que pueda constituir un peligro para la vida ó la salud, y por falta de seguridad, ya por defecto de ventilación, luz, drenaje, instalaciones sanitarias ú otros requisitos análogos.

ART. 149. Para la construcción, reconstrucción ó reforma, total ó parcial, de una casa ó edificio, así como para colocar, cambiar ó modificar sus instalaciones sanitarias, será preciso obtener licencia del ayuntamiento, sujetándose á los requisitos exigidos en las ordenanzas de construcción respectivas y en las especificaciones del departamento de ingenieros ó del arquitecto municipal donde no existiera aquel departamento. Antes de conceder la licencia, el ayuntamiento remitirá el expediente á la junta local de sanidad, para su dictamen, le cual se basará en estas ordenanzas, y, caso de que resulte desfavorable, se señalarán en el mismo, en un plazo no mayor de veinte días, los defectos y la manera apropiada de corregirlos. Contra el informe de la junta local, podrán los interesados acudir á la Superior del ramo para la resolución definitiva. Si el informe de la junta local es favorable, se concederá la licencia á la mayor brevedad posible, á no ser que falten otros requisitos legales por cumplir.

ART 150. Para habitar, poner en alquiler, ó utilizar de cualquier otra manera, una casa ó edificio de nueva planta construído, reconstruído ó reformado, en todo ó en parte, será requisito necesario la inspeción previa y un certificado favorable de la junta local de sanidad, limitándose la inspección á comprobar el cumplimiento de las coduiciones exigidas en el plano y proyecto aprobados. Contra el dictamen desfavorable de la junta local, puede el interesado interponer recurso de alzada ante la Superior, que resolverá en definitiva.

ART. 151. No se permitirá utilizar como alojamiento ó como dormitorio ninguna casa, edificio ó parte de éste, que no reuna las debidas condiciones de capacidad, dotación de agua, ventilación, luz, evacuación de aguas residuas y excretas y demás requisitos de limpieza y salubridad indispensables.

ART. 152. Toda casa ó edificio de nueva planta se construirá dejándose de superficie descubierta, ó patios interiores, el 15 por ciento, por lo menos del área edificada, de modo que permita la ventilación y entrada de la luz en todas las habitaciones.

ART. 153. En las casas ó edificios existentes destinados á viviendas, que no reunan las circunstancias establecidas en el artículo precedente, se abrirán huecos de ventilación,

si carecen de ellos, y no siendo esto posible, se ejecutarán obras que produzcan ventilación supletoria.

Art. 154. Toda habitación deberá tener huecos de puerta ó ventana que den directamente á calle, jardín, patio ó pasillo abierto. Las puertas que den á los patios tendrán respiraderos en lo alto, protegidos ó no con marcos movibles de vidrio.

Art. 155. Toda habitación deberá tener, por lo menos, una capacidad de 36 metros cúbicos, y una superficie en puertas y ventanas no menor de 3 metros cuadrados, aumentándose ésta en proporción de 1½ metros cuadrados por cada 30 metros más de cubicación.

Art. 156. El piso de las habitaciones bajas será más elevado que el del patio y el de éste más que el nivel de la calle. No se concederán más excepciones que las que expresamente autorice por escrito la junta de sanidad después de haberse llenado los requisitos que ésta señale en cada caso con sujeción á estas Ordenanzas.

Art. 157. Los pisos de las habitaciones bajas, así como el de los patios, serán de cemento, de loseta de cemento comprimido ú otro material impermeable; colocándose además debajo de la soladura una capa continua también impermeable.

Art. 158. Las paredes de cualquiera casa ó edificio serán construídas de modo que no puedan impregnarse de la humedad del suelo, haciendo uso para evitarlo de materiales impermeables.

Art. 159. En las casas ó edificios de aquellas localidades en que sea permitido el uso de pisos de madera en las habitaciones bajas, el espacio comprendido entre el suelo y el piso de las habitaciones tendrá ventilación hácia el exterior.

Art. 160. No se permitirá construir fosa de excusado, ni sumidero debajo del piso de ninguna habitación. Estos depósitos se situarán en los lugares más céntricos de los patios ó jardines, ventilados y bañados por el sol.

Art. 161. Las casetas de los inodoros ó excusados se situarán en los patios, pasillos, ó corredores, ú otros lugares bien claros y ventilados y nunca en habitaciones que sirvan de dormitorios, y separados de los cuartos habitables, cocina, despensa, etc. por tabiques completos.

Art. 162. Los tubos bajantes de desagües de tejados, azoteas, inodoros, vertederos, etc. serán de hierro fundido, y no estarán embutidos en los muros sino instalados por fuera de las paredes.

Art. 163. En todas las casas ó edificios habrá por lo menos, un excusado por cada veinte personas, y con todos los requisitos necesarios para evitar emanaciones é infiltraciones.

Art. 164. El propietario, apoderado, encargado ó representante de cualquier casa, edificio ó vivienda, será siempre el responsable en primer término de la conservación en buen estado de las instalaciones sanitarias de la finca, sin perjuicio de la acción que corresponda ejercer contra el inquilino, según los casos.

Art. 165. Las accesorias de cualquiera casa ó edificio tendrán las debidas condiciones de ventilación, luz y agua; y excusado y vertedero propios, instalados con todos los requisitos sanitarios; ó en otro caso el propietario se obliga á permitir que los inquilinos de aquéllas hagan uso de los excusados y vertederos comunes del mismo piso de la casa, en la proporción ya establecida con el número de personas.

Art. 166. Las accesorias destinadas á la venta de carne, leche, frutas, dulces, etc., tendrán sus servicios sanitarios completamente aislados de la tienda; no estarán en comunicación directa con el resto del edificio; tendrán en la parte más elevada de la puerta un respiradero de cuarenta ó cincuenta centímetros de altura, por lo menos, por todo el ancho de aquélla y sólo le será permitido dormir en ellas, pero únicamente en una habitación anexa, á los encargados de su custodia ó vigilancia y en ningún caso á familias.

Art. 167. Todo propietario de casa de una población donde exista acueducto y cañería de éste en la calle, está en la obligación de instalar en la casa plumas de agua en cantidad proporcionada al número de habitantes de la casa; y servicio independiente de agua para cada piso que se alquile por separado.

Art. 168. No se permitirá la construcción de pozos, aljibes, ú otro depósito de agua en cualquiera casa ó edificio de nueva planta por cuya calle pase cañería del acueducto, á no ser para usos industriales, con autorización de la Junta de Sanidad y sujetos á los requisitos que ésta señale. Quedan exceptuados los tanques para usos domésticos, siempre que se tengan en las condiciones señaladas por la junta de sanidad.

Art. 169. En los lugares donde sea permitida la excavación de pozos negros, se situarán éstos á distancia mayor de diez metros, por lo menos, de los pozos de agua, aljibes, fuentes ú otras provisiones de agua. Igual prescripción regirá para una fosa de abonos, un depósito de inmundicias, etc.

Art. 170. Queda prohibida la instalación de cañerías de agua para el consumo doméstico á través de caños, cloacas ú otros desagües.

Art. 171. No se permitirá la construcción ni la apertura de templos, teatros, circos, *casa-cunas*, hoteles, hospitales, asilos y otros edificios de reunión, sin informe favorable de la junta local de sanidad con vista de los planos, memoria y demás antecedentes de la obra.

ART. 172. Los teatros, circos, templos, salas de espectáculos, hoteles, posadas, asilos, etc. han de reunir, á más de los requisitos generales, los especiales siguientes: (*a*) Ventilación suficiente y adecuada al número de concurrentes ó alojados; (*b*) medios de extinguir los incendios y salidas fáciles y rápidas de los espectadores; (*c*) provisión abundante de agua y número proporcional de retretes y urinarios; y (*d*) limpieza esmerada en todas las dependencias.

ART. 173. Los cuarteles y prisiones se construirán previo informe favorable de la Junta Superior de Sanidad.

ART. 174. Cualquier sujeto está obligado á denunciar al Jefe de Sanidad la realización en un edificio de todo acto ú obra que pueda resultar peligroso ó perjudicial á la salud pública.

CAPÍTULO IV.

HOTELES, POSADAS, CASAS DE HUÉSPEDES, CASAS DE DORMIR, CAFÉS, RESTAURANTS FONDAS Y CANTINAS.

ART. 175. No se establecerá ningún hotel, posada, mesón, casa de huéspedes, casa de dormir, café, restaurants, fonda, cantina ó bodega, sin que el dueño ó encargado someta el establecimiento á las condiciones exigidas por el jefe de sanidad mediante licencia por escrito. Para los existentes en la actualidad, se concede á sus dueños un plazo máximo de seis meses, á contar desde la promulgación de estas ordenanzas, para que se ajusten á dichas condiciones, so pena de multa y clausura del establecimiento.

ART. 176. Todo hotel, posada, casa de huéspedes y casa de dormir, llevará un libro registro con los nombres, procedencia, días de entrada y salida, y número del cuarto que ocupen, de cada una de las personas que alojen y de las que estén al servicio del establecimiento.

ART. 177. Queda prohibido alojar en los hoteles, posadas, casas de huéspedes y casas de dormir, mayor número de personas del que corresponda á la capacidad de las habitaciones, en la proporción de 20 metros cúbicos de espacio por cada individuo.

ART. 178. Todo cuarto ó habitación estará numerada con caracteres permanentes.

ART. 179. No se permitirá en los cuartos ó habitaciones mayor número de camas que el correspondiente á la referida proporción, á menos que existan otros medios adecuados para mayor y apropiada ventilación, que estén aprobados por la junta de sanidad y mediante concesión escrita en que se especifique el número de camas que se permita por estas circunstancias especiales.

ART. 180. Toda habitación de dormir deberá tener 40 metros cúbicos de capacidad, por lo menos, y puertas y ventanas, no menores estas últimas de un metro cuadrado, que la pongan en comunicación con el aire exterior, salvo que se emplee otro medio apropiado que suministre amplia ventilación.

ART. 181. Todas las habitaciones estarán en el mejor estado de limpieza, así como los muebles, utensilios, ropas de cama, etc. Las paredes de cal serán blanqueadas una vez al año, por lo menos.

ART. 182. Las basuras y desperdicios se irán depositando en receptáculo de zinc ú otro material impermeable, conforme al modelo y número señalado por la junta de sanidad, y serán extraídos diariamente.

ART. 183. Los hoteles, posadas, mesones, casas de huéspedes y casas de dormir tendrán los mingitorios, excusados, fregaderos, vertederos, baños, caños, etc., en perfecto estado de servicio y aseo. Habrá un baño y un inodoro ó excusado por cada veinte personas. Los excusados ó inodoros estarán en locales de capacidad suficiente, bien ventilados y con luz bastante, natural ó artificial, durante todo el día y la noche. Las paredes hasta un metro de altura, por lo menos, y los pisos de los baños, retretes, urinarios, vertederos y fregaderos, serán impermeables y se conservarán constantemente en el mejor estado de limpieza.

ART. 184. Todos los establecimientos mencionados tendrán dotación de agua suficiente á proporcionar 100 litros diarios, cuando menos, por persona.

ART. 185. Los cafés, restaurants, y cantinas tendrán urinarios ó inodoros ó excusados, sin que despidan malos olores, con sus lavamanos correspondientes, para el servicio público, todo en perfecta función y aseo, en número proporcionado á la importancia del establecimiento y con la aprobación previa y el plano y sistema de los mismos de la junta de sanidad.

ART. 186. Los establecimientos á que se refieren los tres artículos anteriores tendrán escupideras, en la proporción de una por cada veinte personas, en los pasillos, corredores, etc., del modelo y con la solución desinfectante que indique la junta de sanidad. En los cafés el número de escupideras será igual, por lo menos, al de las mesas en servicio.

ART. 187. El dueño ó encargado de un hotel, posada, fonda, mesón, casa de huéspedes ó casa de dormir, está obligado á dar parte al jefe de sanidad de todo enfermo que haya en la casa sin asistencia médica; así como de todo caso de enfermedad transmisible que en la misma exista.

ART. 188. Cualquier enfermo de enfermedad transmisible que se encuentre alojado en un hotel, posada, fonda, casa de huéspedes, casa de dormir, etc., será trasladado á un hospital de aislamiento, cuando así lo crea necesario el jefe de sanidad.

ART. 189. El dueño ó encargado de un hotel, posada, fonda, casa de huéspedes, casa de dormir, mesón, restaurant, café, cantina ó bodega que no dé cumplimiento á cualquiera de las disposiciones de este capítulo incurrirá en responsabilidad, y si encontrare resistencia por parte de algún alojado para su observancia, ó que faltare á ellas dará cuenta en seguida al jefe de sanidad.

CAPÍTULO V.

CASAS DE VECINDAD Ó CIUDADELAS.

ART. 190. Para los efectos de estas ordenanzas, se entenderá por *casa de vecindad o ciudadela*, cualquiera casa, edificio ó parte de éste, destinado á domicilio ó vivienda de tres ó más familias que vivan independientes unas de otras, con derecho común á los pasillos, escaleras, patios, baños, azoteas, inodoros ó excusados, y que cocinen por separado en la misma casa.

ART. 191. Toda casa de vecindad tendrá á su frente un encargado, responsable inmediato, del cumplimiento de las siguientes obligaciones, sin perjuicio de la acción que proceda contra el propietario.

ART. 192. Llevar un libro registro en el que se anoten nombre, apellido, naturalidad, edad, estado y procedencia de cada uno de los inquilinos de la casa, expresando el día de su ingreso en la misma y cuartos que ocupen, así como los traslados que efectúen de habitaciones en la propia casa ó cuando cesen de ocuparlas.

ART. 193. Dar parte en el término de veinticuatro horas al jefe de sanidad de todo enfermo en la casa que no tenga asistencia médica.

ART. 194. Interrogar al facultativo que visite al enfermo si se trata de alguna enfermedad transmisible, y en la afirmativa dar parte inmediatamente al jefe de sanidad.

ART. 195. Obligar á los inquilinos á que sólo viertan las basuras en depósitos de hierro galvanizado, suministrados por el propietario, y conforme al modelo y número que fije la junta de sanidad.

ART. 196. Cuidar de que los patios y corredores se hallen siempre en el mayor estado de limpieza, para lo cual no permitirá que á los mismos se arrojen basuras ó aguas sucias.

ART. 197. Impedir que en la casa se depositen muebles inutilizados ó trastos viejos.

ART. 198. Tener cuidado de que todos los tragantes de los caños tengan agua y puesta siempre su tapa, é inspeccionarlos con frecuencia para asegurarse de que funcionan debidamente, así como las sifas, trampas, etc., de los vertederos, fregaderos y demás instalaciones sanitarias

ART. 199. Vigilar constantemente los inodoros y urinarios para que estén siempre en completo estado de limpieza y función y evitar que se obstruyan, así como cuidar de que en el suelo los mismos no se depositen orines ni otras suciedades.

ART. 200. Inspeccionar los cuartos todos de la casa para cuidar de que en el interior de ellos se observen el aseo y la limpieza correspondientes; y al notar que algún inquilino no tiene limpia su habitación, amonestarlo en seguida, y comunicar la falta al jefe de sanidad, si se repitiere.

ART. 201. Conservar el patio de tal manera que no se formen charcos en el mismo; y cuidar de que los pozos, aljibes, tanques ú otros depósitos de agua de la casa estén debidamente cubiertos con tapas ó tela metálica á prueba de mosquito.

ART. 202. Impedir que pernocten en ninguna habitación de la casa mayor número de personas del que corresponda á la capacidad de aquélla y en el número que tenga dispuesto la junta de sanidad, indicado en tablillas que se conservarán fijas en el interior de cada habitación. Todas las habitaciones estarán numeradas con caracteres permanentes.

ART. 203. Efectuar la limpieza esmerada de toda habitación que se desocupe en la casa antes de que vuelva á ser alquilada, conservándola con la puerta clausurada; y comunicar en seguida á la junta de sanidad para la desinfección correspondiente, si hubiese habido en ella algún caso de enfermedad de las que es obligatorio dar parte.

ART. 204. En toda casa de vecindad habrá en los patios, corredores y pasillos una escupidera por cada veinte inquilinos. Las escupideras se colocarán en soportes especiales á un metro de altura del suelo, y será deber del encargado mantenerlas aseadas y con la solución antiséptica que disponga la junta de sanidad.

ART. 205. Por cada veinte inquilinos ha de haber un baño, un inodoro ó excusado y un vertedero, todos con pisos y paredes impermeables, éstas hasta 1½ metros de altura, por lo menos.

ART. 206. Toda casa de vecindad estará provista de agua suficiente para proporcionar los 100 litros de agua diarios, á lo menos, por persona.

ART. 207. Las paredes todas de la casa, así como los techos, puertas y ventanas, han de estar absolutamente limpias, bien blanqueadas y pintadas, y sin grietas ni hendiduras. Las paredes todas serán blanqueadas una vez al año, por lo menos.

ART. 208. No se permitirá que se coloquen telas ó papeles en los huecos, lucetas ó ventanillas de las habitaciones, que dificulten la entrada de la luz ó del aire en el interior de las mismas.

ART. 209. Las bateas ó depósitos destinados á lavar deberán tener por soportes, aros ó pies de amigo de metal, empotrados en la pared, y no en barriles, cajas ú otra clase de envases. Las paredes de los lugares destinados á lavar estarán repelladas hasta 1½ metros de altura, por lo menos, con material impermeable.

ART. 210. Queda prohibido el cocinar ó lavar en el interior de las habitaciones. En cada casa de vecindad de nueva construcción existirán dos departamentos especiales, inhabitados y comunes; uno para lavadero y otro para cocina.

ART. 211. Queda prohibido dividir las habitaciones por medio de tabiques, barbacoas, etc., cualquiera que sea el material que se emplee para ello.

ART. 212. La habitación más pequeña en toda la casa de vecindad no podrá tener menos de 9 metros cuadrados de área y 4 metros de altura.

ART. 213. Quedan prohibidos en las casas de vecindad los establecimientos industriales ó comerciales; y en tal virtud no podrá instalarse en el edificio de las mismas tiendas de ninguna clase, exceptuándose tan sólo aquéllas casas de más de un piso con entrada y servicios sanitarios independientes de la parte destinada á vecindad y previa la autorización de la junta de sanidad.

ART. 214. En las casas de vecindad no existirán caballerizas, ni se tendrán en parte alguna de ellas animales de ningún género, con excepción de pájaros en jaula.

ART. 215. El enfermo atacado de alguna enfermedad transmisible que se encuentre en una casa de vecindad será trasladado á un hospital de aislamiento, cuando así lo crea necesario el jefe de sanidad.

ART. 216. Si el encargado de la casa de vecindad encontrare resistencia por parte de algún inquilino para la observancia de estas ordenanzas, ó si alguno faltare á las mismas, dará cuenta en seguida al jefe de sanidad.

ART. 217. Toda casa de nueva construcción no podrá dedicarse á vecindad sin que sus planos al efecto no hubiesen sido aprobados por la junta de sanidad. Tampoco podrá destinarse en lo sucesivo para casa de vecindad ninguna casa de las que existen actualmente dedicada á otro objeto, sin la autorización previa de la junta de sanidad.

ART. 218. Los encargados de las casas de vecindad están obligados á facilitar á los inspectores de sanidad cuantos datos soliciten respecto á ellas, así como á acompañarles en sus respectivas visitas de inspeción.

ART. 219. En la entrada de toda casa de vecindad se fijarán las reglas contenidas en este capítulo, en hoja impresa proporcionada por la junta de sanidad.

CAPÍTULO VI.

CASAS PRIVADAS Y CASAS EN GENERAL.

ART. 220. Las casas, edificios, construcciones, etc., quedan sujetas para todos sus locales y dependencias á inspección sanitaria de la junta de sanidad, y sus dueños, encargados, representantes, arrendatarios, inquilinos, moradores, etc., estarán obligados á permitir y á facilitar cualquiera inspección á los oficiales ó agentes debidamente autorizados por la junta local de sanidad, y asímismo á realizar ó permitir la ejecución de las obras sanitarias ordenadas para la casa, que se dispusieren como consecuencia de la inpección.

ART. 221. Cada casa ó vivienda debe reunir las condiciones higiénicas necesarias para que no constituya un peligro ó amenaza para la salud ó la vida de sus habitantes y vecinos.

ART. 222. Toda casa, ó piso de la misma que se alquile por separado, deberá tener la dotación de agua suficiente para las necesidades domésticas de sus moradores, á razón de 100 litros diarios por persona, por lo menos.

ART. 223. Los propietarios ó inquilinos, según los casos, están obligados á tomar las precauciones necesarias para evitar que de los caños, sumideros, letrinas, inodoros ó excusados, etc., de la casa se exhalen gases ú otros olores molestos.

ART. 224. Los caños ó tubos de desagüe han de estar suficientemente ventilados, con todos los requisitos necesarios para facilitar la salida de los residuos líquidos, evitar las filtraciones en paredes y pisos y dar salida á los gases en forma que no afecten á la salud de los moradores y vecinos; y al efecto se sujetará la construcción, instalación ó reforma de los mismos á las especificaciones de ingeniería que se determinen en la licencia correspondiente. Iguales especificaciones se requieren para los inodoros, pozos negros, vertederos, sumideros, fregaderos, bajantes y demás instalaciones sanitarias.

ART. 225. Se prohibe la construcción de caños ó tubos de desagüe, de ventilación ó chimeneas que molesten ó perjudiquen á las casas vecinas y al propio edificio en que esten construidos. A los ya construidos deberán aplicárseles los preceptos de esta regla.

ART. 226. En las poblaciones que tengan acueducto y cloacas ó alcantarillado, todas las casas estarán provistas de inodoros de los modelos adoptados por la Junta Superior de

Sanidad, con exclusión de cualquier otro sistema de letrinas. Donde no haya acueducto ni alcantarillado, se construirán pozos negros con arreglo á las especificaciones respectivas de ingeniería y á distancia no menor de 10 metros de los pozos de agua, aljibes, habitaciones y cocinas; á menos que se adopte, con la aprobación de la junta de sanidad, algún otro sistema para la recogida y extracción de las excretas.

Art. 227. Los pozos negros y sumideros se construirán de manera que no puedan ser inundados por las aguas pluviales.

Art. 228. Solamente en los lugares donde no haya cloacas ó alcantarillas en la calle respectiva, podrá ser permitida la construcción ó existencia de sumideros y pozos negros en las casas.

Art. 229. El inquilino ó dueño de cada casa verterá en los pozos negros y sumideros cal viva, cloruro de calcio, sulfato de hierro, creolina ó algún otro desinfectante, cuando así se lo disponga la junta de sanidad por motivos especiales.

Art. 230. Los pisos de los excusados, baños, fregaderos, vertederos, etc., serán de material impermeable; y sus paredes estarán revestidas del mismo material, si son de mampostería hasta metro y medio de altura, por lo menos, y pintadas al óleo, si son de madera.

Art. 231. Todo dueño de casa está obligado á cuidar de que los pozos negros y sumideros ni se llenen ni se derramen al exterior, mandándolos á limpiar oportunamente. Si así no lo verificaren, la junta de sanidad dispondrá que por el servicio público de limpieza se verifique ésta por cuenta del dueño de la casa, sin perjuicio de la multa correspondiente.

Art. 232. Los pozos, aljibes, tanques, tinajones ú otros depósitos de agua estarán dispuestos de tal manera que no comuniquen humedad á las habitaciones ni reciban filtraciones de caños y pozos negros, y estarán constantemente cubiertos con tapa ó tela metálica inaccesible á los mosquitos para impedir en ellos la presencia de larvas (gusarapos).

Sólo serán permitidos los surtidores ó fuentes que funcionen constantemente con agua corriente.

Art. 233. No se permitirá en el interior de las casas, ni en los patios, azoteas, etc., depósito de basuras, inmundicias, desechos, aguas estancadas, ó cualesquiera otras meterias perjudiciales á la salud.

Art. 234. Los envases destinados para depositar basuras y desperdicios, se situarán tan distantes como sea posible de las habitaciones de la casa y no tendrán agujeros ó hendiduras que den salida á parte del contenido.

Art. 235. Se prohibe la cría ó ceba de cerdos dentro de la zona urbanizada de la población, sin limitación de calles; y sólo á la distancia mínima de 200 metros del perímetro de la misma, serán permitidos los criaderos y engordaderos.

Art. 236. En las piezas destinadas á cocina, ó á estufas y braseros permanentes, deberán instalarse campanas y chimeneas que den salida fácil al humo y gases procedentes de la combustión, cosntruídos de forma que no molesten ó perjudiquen á los moradores ó vecions de la casa. Los braseros ó anafes deben situarse, para su uso, en lugares que no perjudiquen ó molesten á los moradores y vecinos.

Art. 237. Todas las habitaciones, dependencias, patios, techos y azoteas, ó instalaciones sanitarias de una casa ó edificio, se conservarán constantemente en el mejor estado de limpieza. Las paredes deberán mantenerse sin desconchados ni hendiduras, y debidamente blanquedas, ó pintadas así como las puertas y ventanas; los pisos y techos se conservarán en buen estado para que no se produzca humedad en el interior de las habitaciones, y donde sea necesario para prevenir dicha humedad, se exigirá para los techos la instalación de canales y tubos bajantes apropiados.

Art. 238. Sólo se permitirán las caballerizas en lugares perfectamente ventilados, con pisos y paredes impermeables, y que llenen además las condiciones del reglamento especial de establos.

Art. 239. Queda prohibido el uso para dormitorios y viviendas de los sótanos y cuartos semisubterráneos, ni sera permitida la existencia de puerta ó abertura que comunique al sótano con alguna habitación de dormir. Igual prohibición se establece para los entresuelos y barbacoas para el mismo objeto si no tuviesen una altura mínima de $2\frac{1}{2}$ metros y huecos al aire libre que permitan la ventilación suficiente.

Art. 240. No se permitirá en las habitaciones la acumulación de animales dom sticos, como perros, gatos, conejos, aves de corral, palomas, pájaros, etc.

Art. 241. Si como resultado de la inspección, una casa ó parte de ella se declara insalubre, el jefe de sanidad lo notificará al dueño ó inquilino, según el caso, dándole el plazo necesario para hacer las obras, reparaciones ó mejoras que se le dispongan. A la terminación del plazo, se verificará una reinspección para comprobar si la orden ha sido cumplida. En caso contrario, y si no se han expuesto por escrito las causas justificadas y poderosas que hayan imposibilitado la observancia de la orden, se trasladará el expediente al juzgado correspondiente para la imposición de la penalidad debida, y se señalará otro plazo sujeto á igual procedimiento. Y si después de un tércer plazo perentorio no se ejecutara la orden será la casa, ó la parte de ella que corresponda, declarada inhabitable y se procederá por medio

de la policía á su desalojamiento y clausura en el término de treinta días. La clausura durará hasta que se ejecuten las obras dispuestas.

Art. 242. Toda casa, edificio ó parte de éste, destinada á vivienda, dormitorio, fábrica, establecimiento, etc., que constituya un peligro permanente para la salud ó la vida de sus moradores y convecinos, y no sea susceptible de ser colocada en las debidas condiciones higiénicas, se declarará inhabitable ó peligrosa mediante expediente justificativo y se procederá á su desalojamiento y clausura por orden del jefe de sanidad, en un plazo de treinta días, por medio de la policía.

Capítulo VII.

ESCUELAS Y COLEGIOS.

Art. 243. No deberá procederse á la instalación de una escuela ó colegio sin el informe previo y favorable de la junta local de sanidad acerca de la situación, condicones higiénicas, servicios sanitarios, y capacidad del local con relación al número de alumnos y mobiliario escolar.

Art. 244. Las piezas destinadas á aulas serán secas, con buena luz y suficiente ventilación y con extensión superficial proporcional al número de alumnos, á razón de 1.50 metros planos por persona.

Art. 245. En toda casa escuela ó colegio debe asistir un inodoro ó excusado por cada treinta alumnos, por lo menos, y los urinarios que se estimen necesarios.

Art. 246. Todas las instalaciones sanitarias de la casa escuela ó colegio se conservarán sin interrupción en el mejor estado de limpieza y aseo, así como los locales y dependencias, patios, pisos, paredes, etc.

Art. 247. Los establecimientos de esta clase quedan sujetos á la inspección de la junta de sanidad, tanto en lo que respecta á la casa cuanto al estado de salud de los alumnos, maestros y empleados.

Art. 248. Todo alumno de una escuela ó colegio debe estar vacunado, y de la infracción de esta regla son responsables los padres, tutores ó encargados de los alumnos, así como el director ó maestro, según los casos; é igual disposición se establece respecto al director, maestro y demás empleados subalternos.

Art. 249. El director que observe que algún alumno, profesor, sirviente, etc., padece de alguna enfermedad transmisible, ó que sepa que habita en algún lugar en que exista enfermedad transmisible, lo separará temporalmente de la escuela y dará parte antes de veinticuatro horas al jefe de sanidad.

Art. 250. No se permitirá el reingreso en la escuela de ningún alumno, maestro, sirviente, etc., separado de la misma á causa de enfermedad transmisible, que se encuentre en el saso del artículo anterior, hasta no obtener la autorización correspondiente del jefe de sanidad.

Las prescripciones de este artículo y del anterior próximo regirán igualmente para las escuelas nocturnas y las sabatinas ó dominicales.

Art. 251. La clausura temporal ó definitiva de una escuela ó colegio, por enfermedad transmisible de alumnos, maestros ó empleados, ó por condiciones insalubres del edificio, se dictará por la junta local de sanidad por medio de la junta de educación respectiva para su ejecución, sin perjuicio de notificarla á la junta Superior de Sanidad.

Art. 252. No podrá desempeñar cargo alguno en las escuelas ó colegios ningún individuo que padezca enfermedad crónica transmisible.

Capítulo VIII.

FÁBRICAS Y TALLERES.

Art. 253. A toda licencia para la instalación de cualquier fábrica ó taller deberá preceder informe favorable de la junta de sanidad, emitido con estudio de la memoria en que se exprese la naturaleza del establecimiento, situación, condiciones técnicas apropiadas á su objeto industrial, seguridád, estabilidad, luz, ventilación, instalaciones sanitarias, capacidad, clase y número máximo de máquinas ó aparatos que hayan de funcionar, así como el número de operarios y demás empleados del establecimiento.

Art. 254. Toda fábrica ó taller deberá tener por cada individuo una superficie de 2 metros cuadrados y un volumen cúbico de 12 metros, por lo menos.

Art. 255. Los locales para talleres han de estar en lugares secos, con buena luz y ventilación, y con todas las demás condiciones higiénicas necesarias á la salud y la vida de los obreros y empleados.

Art. 256. En las fábricas ó talleres que por la índole de los trabajos se produzcan indispensablemente gases, polvos ó líquidos de desechos, molestos ó nocivos para los obreros, empleados ó vecinos del establecimiento, se adoptarán todos los mediosa propiados para recogerlos y esparcirlos sin que constituyan peligro alguno, por los procedimientos que se estimen necesarios y que apruebe la junta local de sadidad.

ART. 257. Los dueños de fábricas, talleres, establecimientos, casas, etc., donde se instalen chimenas, ó existan ya instaladas, estarán obligados á construírlas ó á reformarlas, respectivamente, de modo que el humo no penetre en las casas ó habitaciones convecinas.

ART. 258. Ningún taller, fábrica ó establecimiento industrial podrá verter sus aguas ó materiales de desecho en los arroyos, canales, ríos, etc., de cuyas aguas se haga uso para la pesca y el consumo doméstico y de los ganados, á no ser que aquéllas se conserven ó se purifiquen antes completamente mediante procedimiento ad hoc aprobado por la Junta Superior de Sanidad.

ART. 259. No se permitirá emplear en los talleres ó fábricas á niños menores de 14 años cumplidos, debidamente comprobada la edad. Tampoco se emplearán en el manejo de máquinas ó aparatos peligrosos á menores de 18 años.

ART. 260. En las fábricas ó talleres industriales donde haya máquinas ó se elaboren substancias peligrosas, y el número de sus obreros exceda de 200, será obligatorio tener un médico permanentemente durante las horas laborables, para proveer en los casos de accidentes personales.

ART. 261. En las fábricas ó talleres deberán existir escupideras en número proporcionado al de trabajadores, las cuales se mantendrán en la mayor limpieza, lavándolas diariamente con agua hirviendo ó una solución desinfectante. La junta local de sanidad indicará el modelo, número y solución desinfectante que habrán de contener las escupideras y con la que hayan de ser lavadas.

ART. 262. Las fábricas y talleres contarán con número suficiente de buenos inodoros, en la proporción del 5 por ciento de individuos, por lo menos; y urinarios y lavatorios, para los obreros y empleados, en estado de perfecta función y limpieza.

ART. 263. Los dueños ó encargados de fábricas ó talleres no consentirán en los mismos obreros ó empleados atacados de enfermedades transmisibles.

ART. 264. Las fábricas de tabacos se sujetarán además á las siguientes prescripciones:

(*a*) Construir las mesas de trabajo de manera que los obreros no queden frente á frente, sino de espaldas.

(*b*) Colocar en las mesas de trabajo un depósito pequeño de hierro esmaltado, para el agua y el engrudo, que habrá de utilizarse al pegar los tabacos, á fin de no emplear la saliva ni en esa operación ni en la de colocarle los anillos y usar la *chaveta*, y no los dientes, para limpiar las perillas de los tabacos.

(*c*) Tener una canal de madera pulimentada en la parte anterior de cada mesa, ó bien un paño, donde caigan las partes sobrantes del material en la elaboración de los tabacos.

(*d*) Mantener bien blanqueadas y limpias las paredes y fregar las mesas de trabajo una vez por semana, cuando menos.

(*e*) Mantener limpios, lavándolos convenientemente, los paños que se utilicen delante de las mesas para recoger los materiales de desechos.

(*f*) No permitir que se escupa en los suelos.

(*g*) Colocar las escupideras al lado de cada obrero y no recogerlas mientras el obrero esté en el trabajo.

(*h*) Baldear diariamente los pisos de las galeras ó salones de trabajo, no permitir que se barran sin ser humedecidos antes y mantenerlos siempre limpios.

(*i*) Cuidar los pavimentos de manera que en ellos no haya grietas.

(*j*) Tener divididas las hojas de las ventanas de los salones de trabajo de manera que la parte superior de las mismas, por lo menos, quede abierta y favorezca la ventilación.

(*k*) Disponer que en los locales destinados á la elaboracion, haya para cada obrero un espacio no menor de 20 metros cúbicos, á fin de evitar el hacinamiento.

(*l*) No permitir que se elabore tabaco en las habitaciones en que se duerma.

(*m*) No vender los residuos de tabaco que en la elaboración del mismo caigan sobre el piso.

(*n*) Arrojar antes de que entren en descomposición las aguas que hayan servido para mojar el tabaco.

ART. 265. Toda fábrica, taller y en general, establecimiento industrial, rústico ó urbano, en que tengan que emplearse aparatos mecánicos, máquinas, etc., se instalarán de manera que las piezas que por el movimiento que desarrollan ó por otra circunstancia constituyan un peligro, estén cubiertas ó revestidas de mallas alambradas ó cualquier otro artificio, que las separe de los obreros ó manipuladores, y en forma que prevenga cualquier descuido de los mismos. Las calderas generadoras de vapor ó cualquier otro elemento de fuerza motríz, se conservarán en las mejores condiciones de seguridad y á prueba de explosiones, y los edificios del establecimiento industrial habrán de ofrecer por su construcción y solidez suficiente garantía de seguridad para la vida de los obreros y empleados.

Los pozos, trampas, aberturas, etc., habrán de estar cerrados.

Las precedentes prescripciones son aplicables igualmente á los teatros, circos, almacenes y demás establecimientos análogos en los cuales se haga uso de aparatos mecánicos.

Capítulo IX.

FÁBRICAS, INDUSTRIAS Y ESTABLECIMIENTOS PELIGROSOS, INSALUBRES Ó INCÓMODOS.

Art. 266. Las fábricas, depósitos ó establecimientos industriales insalubres, incómodos y peligrosos, no podrán instalarse en lo sucesivo sino con arreglo á los siguientes requisitos de situación, y conforme á la clasificación correspondiente y á lo establecido en el reglamento respectivo:

(*a*) Distantes de habitaciones particulares, caminos y paseos.

(*b*) En los suburbios.

(*c*) En cualquiera parte de la ciudad, pero sujetos á continua inspección y á las disposiciones gubernativas.

Art. 267. Aparte de las demás exigencias de construcción, ingeniería, etc., por parte del ayuntamiento, no se concederá licencia para la instalación de ninguna de estas fábricas ó establecimientos sin informe previo favorable de la junta de sanidad con vista de dodas las circunstancias al objeto; y no se pondrán en explotación sino después de haber acreditado la junta de sanidad que han sido cumplidos todos los requisitos sanitarios ó de higiene exigidose n la concesión de la licencia de instalación. En caso de inconformidad, los interesados podrán acudir en alzada ante la Junta Superior de Sanidad.

Art. 268. Se harán constar en la licencia ó autorización que se conceda para la instalación y explotación de una fábrica, taller ó industria los productos á que se dedica, así como el método general de fabricación que ha de seguir; y en los depósitos ó almacenes la cantidad máxima de artículos que puedan contener.

Art. 269. Cuando una de estas fábricas ó establecimientos haya suspendido sus tareas por más de un año ó hubiere de trasladarse á otro lugar, tendrá que seguir los mismos trámites que uno nuevo para su reinstalación y apertura.

Art. 270. Cuando lo exijan los intereses de la salud pública podrá hacerse retirar de la población cualquier establecimiento previos los trámites legales.

Art. 271. Los departamentos de las fábricas ó industrias en que se elaboren substancias orgánicas de fácil putrefacción, tendrán el piso completamente impermeable y estarán provistos de agua limpia en cantidad abundante para frecuentes lavados.

Art. 272. No se permitirá que permanezcan almacenadas en las fábricas ó industrias substancias orgánicas por más de veinte y cuatro horas, sin procederse á las labores propias de su aprovechamiento, á menos que estén conservadas para impedir su putrefacción. Los residuos se recogerán todos los días para llevarlos fuera del establecimiento ó quemarlos debidamente.

Art. 273. Se prohibe cocer ó preparar restos ó desperdicios de la matanza de reses, como industria ó comercio, en la parte urbanizada de la población, así como el moler ó triturar huesos ó conchas, extraer grasas, desollar animales muertos ú otras operaciones industriales que produzcan malos olores ú ofrezcan peligro á la salud.

Art. 274. Se prohibe alquilar ó ceder habitaciones para residencia ó dormitorio en las casas ó edificios en que haya establecimientos ó fábricas peligrosas ó insalubres, y en ningún caso se permitirá su asociacion á una casa de vecindad.

Art. 275. En lo sucesivo no se permitirá tampoco el que se instale un taller de lavado sin que la casa en que se pretenda establecer sea previamente reconocida por la junta de sanidad y se obtenga el informe favorable.

Art. 276. Los trenes de lavado que no empleen el vapor, someterán las ropas á la inmersión en agua hirviendo durante una hora á lo menos.

Art. 277. La junta local de sanidad dictará en cada caso las especificaciones de los servicios sanitarios que deben tener las casas en que se instalen talleres de lavado (tanques cementados, drenaje perfecto, etc.).

Art. 278. Los establos para toda clase de animales se comprenderán entre los establecimientos insalubres, sujetos á un reglamento especial y deberán estar situados en los suburbios.

Art. 279. No se concederá licencia para la instalación y apertura de ningún establo que no haya obtenido informe favorable, para uno y otro fin, de la junta de sanidad.

Art. 280. Las condiciones sanitarias que se requieren para la concesión de licencia para la instalación y apertura de un establo, y á las que deberán ajustarse en un todo los instalados actualmente, son las siguientes:

(*a*) El establecimiento estará situado fuera de la zona urbanizada de la población.

(*b*) Los edificios destinados á establos serán de mampostería, ladrillo ó hierro, con una elevación de 5 á 6 metros, y con huecos de ventilación suficiente á razón de uno por cada cuatro animales.

(*c*) Las cuadras estarán en galerías de 4 metros, por lo menos, de altura.

(*d*) Las galerías que tengan un solo pesebre adosado á la pared, no podrán tener menos de cuatro metros de ancho en toda su longitud; y en las naves para canoas ó pesebres al centro no podrán tener menos de 4 metros de anchura, también en toda su longitud.

(*e*) Las paredes estarán revestidas de cemento ú otro material impermeable enlucido y bien liso

(*f*) Los pesebres para el forraje serán de hierro y las canoas ó pesebres podrán construirse de madera.

(*g*) Los pisos de las cuadras serán precisamente de cemento, con un declive de 2½ %, por lo menos, y con surcos lisos para que los líquidos corran fácilmente á la atarjea que debe existir á lo largo de todo el borde de las cuadras hacia el patio.

(*h*) La atarjea será construída con fondo de forma elíptica y perfectamente pulida.

(*i*) Para evitar que los animales resbalen en las cuadras ó se resfrien al acostarse sobre el piso de cemento, éste será cubierto con tablones de madera de una y media á 2 pulgadas de grueso, en toda su longitud y anchura, que puedan levantarse, sobre alfagías, que dejen espacio suficiente entre el piso de cemento y el tablón, para que puedan correr con facilidad los orines á la atarjea.

(*j*) Cada animal estará separado de su vecino á distancia conveniente. En las cuadras ó caballerizas deberán ponerse barreras ó divisiones adecuadas con una separación de un metro 50 centímetros de una á otra, por lo menos.

(*k*) Los depósitos de forraje de todas clases estarán construídos de mampostería, ladrillo ó hierro.

(*l*) Todo establo deberá tener un departamento apropiado para enfermería, independiente de los demás, en los cuales sólo podrán permanecer animales atacados de enfermedades no transmisibles á la especie humana.

(*m*) Si el establecimiento no tuviere caño de acometimiento á la alcantarilla por no existir ésta, se llevarán las excretas á una fosa de la capacidad que en cada caso se determine; esta fosa será construída con material impermeable y deberá vaciarse cada vez que lo necesite, trasladándose las materias á los vertederos de la ciudad.

(*n*) El local de las cuadras ó galerías, tendrá el número de ventiladores ó ventanas que sea necesaria.

(*o*) Los abrevaderos se construirán de material impermeable, con fácil salida para su perfecta limpieza, y á razón de uno para cada animal.

ART. 281. Se prohibe en los establos la existencia ó la construcción de viviendas, excepto las destinadas exclusivamente á los empleados de los mismos, propios á las labores del establecimiento; quedando también prohibida la asociación de otros establecimientos que no tengan relación con aquéllos, y los que la tengan se limitarán á hacer trabajos de fragua, talabartería ó pintura únicamente para el entretenimiento ó pequeñas necesidades del taller donde existan.

ART. 282. Los establos tendrán en el interior el servicio de agua suficiente para hacer la limpieza general, por lo menos dos veces al día.

ART. 283. El estiércol y las basuras de los establos se trasladarán diariamente á los vertederos de la población, con sujeción á cuanto se dispusiere para el servicio público de recogida y extracción de basuras.

ART. 284. El estiércol se depositará en recipientes apropiados con forro metálico en su interior, que se limpiarán y desinfectarán diariamente.

ART. 285. Los pisos de los patios, talleres y demás departamentos destinados á desahogo de los trenes, serán perfectamente rellenados de piedra de buena calidad ó cascajo fino ó macadán para evitar la caída de los animales.

ART. 286. Los animales enfermos no podrán ser dedicados á ninguna clase de trabajo.

ART. 287. Los dueños de los establos quedan obligados á tener á su servicio un veterinario que visite el ganado una vez por semana, á lo menos.

ART. 288. Cada vez que los veterinarios municipales ó los inspectores de sanidad giren visita á los establos, lo consignarán con su firma en el libro que para ese objeto se llevará en cada establo.

ART. 289. De la existencia de todo animal confirmado ó sospechoso de padecer enfermedad transmisible á la especie humana se dará parte al jefe local de sanidad por el veterinario que lo asista ó en su defecto, por el dueño del animal ú otro sujeto interesado.

ART. 290. Cuando se extraiga de establo á un animal atacado de enfermedad transmisible, el veterinario municipal cuidará de que se practique la perfecta desinfección de los locales que dentro del establo considere infectados y se asegurará en caso de muermo de que los arreos del animal enfermo han sido desinfectados totalmente.

ART. 291. Las cuadras de las casas y establecimientos particulares, se ajustarán á las condiciones determinadas en estas ordenanzas para su construcción é higiene.

ART. 292. En las poblaciones donde no haya cloacas ó alcantarillado todos los establos deberán tener caños de desagüe á una fosa ó sumidero de capacidad suficiente para que de ninguna manera se vean en el caso de tener que verter aguas sucias á la calle.

ART. 293. Los establos que no tengan las bestias en colgadizos abiertos tendrán tuberías de ventilación que sobresalgan 2 metros, por lo menos, de la cubierta del edificio. Dichos tubos podrán tener registros para graduar la corriente del aire.

ART. 294. Los útiles de los establos, como los cubos ó depósitos de agua, esponjas, depósitos de forraje, etc., deberán tenerse en perfecta limpieza.

Art. 295. El baldeo de los establos deberá hacerse, por lo menos, dos veces diarias.

Art. 296. Todas las bestias de los establos serán sometidas á la prueba de la maleina.

Art. 297. Los establecimientos, depósitos ó fábricas peligrosas, insalubres é incómodos, se conservarán constantemente en perfecto estado de limpieza, de modo que sus operaciones no resulten perjudiciales á la salud pública.

Capítulo X.

MATADEROS Y MATANZA.

Art. 298. Para la construcción de un matadero se exigirá como requisito previo un informe favorable de la junta local de sanidad, aprobado por la Junta Superior, con vista de la memoria, planos y demás documentos del proyecto.

Art. 299. No será permitida la construcción de habitaciones, ó el uso de las que existan en los mataderos, para vivienda ó dormitorio de persona alguna, á no ser mediante permiso especial y por escrito de la Junta Superior de Sanidad.

Art. 300. Cada ayuntamiento tendrá un matadero público, propiamente establecido, con los departamentos, personal, servicio técnico y material de inspección necesarios, pisos impermeables, agua en abundancia, drenaje suficiente y demás condiciones higiénicas.

Art. 301. Quedan prohibidos los mataderos privados para el consumo de carnes en fincas ó fábricas que no estén debidamente autorizados y sometidos á los requisitos que se les señale por la junta local de sanidad.

Art. 302. Cada matadero se regirá para su administración interior por un reglamento especial, sometido á la aprobación de la Junta Superior de Sanidad en todo lo que se relacione con el régimen sanitario del mismo.

Art. 303. La matanza de reses para el consumo público se verificará solamente en los mataderos oficiales de las poblaciones.

Art. 304. Se prohibe la matanza en los patios de las casas urbanas.

Se prohibe igualmente la matanza particular ó domiciliaria en las fincas rústicas ó pueblos de escasa importancia á no ser para el consumo del que la verifique y mediante certificado favorable del reconocimiento de la res por un facultativo oficial.

Art. 305. Toda res que haya de destinarse al consumo público deberá ser reconocida en pie, momentos antes de ser sacrificada; y después de muerta, sus vísceras y carnes, por el veterinario ó facultativo autorizado para ello en defecto de aquél; la res que como consecuencia de estas recomendaciones no resulte completamente sana será rechazada, así como también las partes de la misma cuyo uso no se estime conveniente.

Art. 306. Los animales destinados á la matanza han de estar perfectamente limpios y se tendrán en los corrales de los mataderos ó en cualquier otro lugar próximo á los mismos y apartado de la población, bajo sombra, con seis horas, por lo menos, de anterioridad. El aseo de los corrales será esmerado, efectuándose su limpieza cada veinticuatro horas, por lo menos; serán de capacidad proporcionada al número de reses, estarán bien ventilados, tendrán agua y abrevaderos suficientes para el ganado y demás condiciones que se estimen necesarias.

Art. 307. Los encargados ó en su defecto los guardas de los corrales darán cuenta inmediatamente al veterinario respectivo de la existencia de cualquier animal que les inspire sospechas de estar enfermo.

Art. 308. No se permitirá la matanza de animales flacos, preñados, golpeados, cansados, sofocados, heridos, afectados de úlceras, fiebres ó cualquiera otra enfermedad que, á juicio del veterinario, los haga impropios para el consumo.

Art. 309. Todos los animales destinados á la matanza han de poder entrar por sus pies en los mataderos excepción hecha de los que por extremada gordura no puedan hacerla por sí mismos. Queda prohibido el aprovechamiento de fetos para el consumo público.

Art. 310. El edificio del matadero de mantenerse constantemente limpio y ventilado, sin que queden en él después de la matanza porciones de carnes, desechos, sangre ni suciedad alguna. Todos los desperdicios se destruirán ó retirarán á lugares en que no puedan causar daño á la salud pública.

Art. 311. Las carnes se conducirán á los lugares destinados á la venta en las mejores condiciones de limpieza y en carros pintados al óleo, cubiertos, forrados interiormente de latón ó hierro galvanizado, con rejillas ó persianas de ventilación, destinados exclusivamente al objeto, y provistos de garfios pulimentados para colgar las carnes. Bajo ningún concepto se permitirá la conducción de carnes de los mataderos de otra manera.

Art. 312. Dos transportadores de carnes deberán estar vestidos con aseo y no se les permitirá practicar la carga y descarga sino están resguardados por un cubre ropas impermeable.

Art. 313. No se permitirá el transporte ó conducción de los desechos ó desperdicios de los mataderos por las calles de la población sino mediante las condiciones exigidas por la junta da sanidad.

ART. 314. Para insuflar la piel de los animales muertos, con objeto de facilitar el desuello, se emplearán aparatos adecuados, quedando prohibida la insuflación por medio de la boca.

ART. 315. Queda prohibido usar, aunque sólo sea con carácter temporal, el local de un matadero, para ningún otro objeto que el de su destino.

CAPÍTULO XI.

MERCADOS.

ART. 316. Para la construcción ó alteración de un mercado se exigirá como requisito previo el informe favorable de la junta local de sanidad, con vista de la memoria, planos y demás documentos del proyecto.

ART. 317. Todo mercado ha de tener capacidad proporcional á las necesidades del comercio de la localidad; estará provisto de agua en abundancia para la atención de todos los servicios; y con pisos de material impermeable y declive necesario para evitar estancamiento; y sus pilares serán de altura y anchura entre sí, suficientes para proporcionar amplia ventilación, con respiraderos en los techos, y si éstos fueren de láminas metálicas, estarán bastante separados de los muros para impedir el excesivo calor.

ART. 318. En los mercados que en lo adelante se construyeran no se permitirá el uso de ninguno de sus locales para habitaciones ni dormitorios, ni se consentirá la fabricación de viviendas para residencia de personas ó familias En los existentes, en que se tolere la habitación y por deerminadas circunstancias no sea de derecho exigible el precepto prohibitivo de estas ordenanzas, se sujetarán las viviendas y dormitorios á los requisitos necesarios que demanda la higiene y sanidad pública.

ART. 319. En el reglamento especial para el orden administrativo de cada mercado, deberán insertarse las reglas que las juntas locales de sanidad establezca para el régimen sanitario del mismo.

Los vendedores observarán todas las disposiciones relativas á mantener sus puestos en las mejores condiciones higiénicas.

ART. 320. Se prohibe en los mercados la venta de alimentos cocidos de cualquiera clase, á excepción de patas y tripas simplemente hervidas y sin otra preparación, pero no se consentirá en ellos hacer uso de anafes, fogones ni braseros.

ART. 321. Sólo será permitida la venta de carnes y pescados en hielo ó salados cuando procedan del sobrante de la venta diaria de los frescos.

ART. 322. Las casillas destinadas en los mercados á la venta de carnes llenarán las condiciones siguientes: 1ª. Tendrán barra de hierro ó de acero provista de ganchos para colgar las carnes, perfectamente pulimentados ó esmerilados, en el mejor estado de limpieza; 2ª, una llave de agua de suficiente calibre colocada sobre vertedero comunicado por medio de sifa con la alcantarilla del mercado, en las poblaciones donde sea posible realizarlo; 3ª, tragante de cierre hidráulico en el piso en el mismo caso que la anterior; 4ª, se conservarán pintadas, precisamente al óleo, cuidando de tenerla siempre el ocupante en el más perfecto estado de limpieza: 5ª, cierre de tela metálica con malla que no permita la entrada de insectos, sin dificultar la ventilación; 6ª, mostrador de mármol blanco y pulimentado y mesa del mismo material con soporte de hierro; 7ª, colocación de las carnes de manera que no puedan ser tocadas por los marchantes.

ART. 323. Se prohibe el uso de hachas y de picadores de madera, debiendo ser cortadas las carnes y los huesos con cuchillos y sierras, respectivamente, de hoja y mango de metal y completamente lisos.

ART. 324. Los expendedores de carnes y de pescado usarán durante las horas de la venta un mandil limpio de género blanco, y al terminar las operaciones de venta lavarán las paredes, mostradores y demás partes de las casillas ó mesillas que hayan estado en contacto con los artículos de expendio.

ART. 325. La venta de carne cesará á las once del día.

La que resultare sobrante deberá colocarse en el refrigerador ó salarse perfectamente, única forma en que podrá expenderse al siguiente día.

Se prohibe el empleo de toda substancia "preservativa" que no sea la sal común (cloruro de sodio) para la conservación de las carnes destinadas al consumo.

ART. 326. Los menudos se colocarán en el refrigerador desde su llegada á las casillas.

ART. 327. La venta de pescado y mariscos terminará á las diez de la mañana en verano y á las once en invierno, retirándose el sobrante después de salado ó colocándolo en el refrigerador.

ART. 328. Los cangrejos, langostas, jaibas y demás crustáceos deberán venderse precisamente vivos.

ART. 329. Se prohibe la venta de ostras durante los meses de mayo y agosto inclusive, y se arrojará inmediatamente la que por su olor, falta de líquido propio ú otro carácter cualquiera indique hallarse en mal estado.

Art. 330. No se permitirá la venta de pescado escamado, desollado, descabezado, mutilado ó privado de aletas ó de cualquiera otra parte del cuerpo por la cual no pueda determinarse su especie, exceptuándose la clase que se acostumbra vender en ruedas.

Art. 331. Se prohibe la venta de pescados susceptibles de padecer ciguatera, como son: El jucú, jurel, tiñosa prieta, sibí amarillo, coronado, picuda, aguají bonasí-gato, bonasí-cardenal, cubera, morena verde, erizos ó puerco-espines, tambores, jabón y diablo y cualquier otro que se declare como dañino por la Junta Superior de Sanidad.

Art. 332. Los vendedores de pescado vestirán con limpieza y usarán mandil blanco durante las horas de la venta, y lavarán diariamente las mesas, mostradores, carretillas, tableros y demás útiles de su comercio.

Art. 333. Las vasijas que usen los expendedores para el lavado de las verduras, viandas y hortalizas serán de hierro esmaltado ó de otro material impermeable.

Art. 334. Se prohibe la venta de frutas podridas, malsanas ó en mal estado.

Art. 335. Se prohibe la venta de conejos domésticos muertos.

Art. 336. Las aves de corral que se expendan muertas y las de caza habrán de estar limpias de entrañas y completamente frescas, quedando obligados sus expendedores á conservarlas en refrigeradores, y observándose rigurosamente para las últimas las disposiciones sobre la veda de caza en las épocas que la ley de la materia determina.

Art. 337. Todos los demás animales puestos á la venta para la alimentación, como lechones, cabritos, conejos, etc., han de estar sanos, gordos, limpios y en condiciones de no inspirar repugnancia alguna.

Art. 338. Queda prohibido tirar ó echar desperdicios en el suelo, dentro ó fuera de las casillas. Todos ellos se recogerán en receptáculos de hierro galvanizado con tapa, que se colocarán en el interior de las casillas y se señalarán con el número correspondiente á éstas. Terminada la limpieza de las casillas, el depósito de las basuras será colocado en la galería que dé frente á aquéllas y junto á su entrada para que sean recogidas por los encargados de la limpieza.

Art. 339. Queda prohibido tener descubiertos los caños ó canalizos de desagüe, debiendo existir además en cada mercado, en las poblaciones donde sea factible, una instalación suficiente de inodoros y urinarios aprobada por la junta de sanidad.

Art. 340. Dos veces al día, á las horas señaladas en el reglamento administrativo del mercado, se verificará la limpieza general. Los encargados de hacer la limpieza recogerán la basura de cada casilla, lavando el depósito y volviéndolo á su lugar. Limpiarán todas las noches cuidadosamente los inodoros y urinarios y las bocas de las alcantarillas, desinfectándolas con cal, creolina, etc.

Art. 341. Queda prohibido colocar tabiques y cualquiera otra clase de construcción de madera en casillas y mesillas.

Art. 342. Habrá en cada mercado un local en el cual se depositarán hasta la hora de la limpieza los efectos decomisados como impropios para el consumo, con el fin de inutilizarlos y arrojarlos con las demás basuras.

Art. 343. Las inspecciones de los mercados se efectuarán diariamente y á horas distintas.

Art. 344. Se prohibe la existencia de bodegas, bodegones, cafés, cantinas u otros establecimientos análogos en el interior de los mercados.

Art. 345. Son deberes de los inspectores: (a) Examinar cuidadosamente todos los puestos destinados á la venta; (b) informar al jefe de sanidad acerca de lo que estime conveniente para la limpieza y conservación de los locales; (c) examinar especialmente las carnes, pescados, aves, y demás artículos de origen animal; (d) hacer retirar de la venta todos los efectos impropios para el consumo, dando cuenta inmediatamente al jefe de sanidad; (e) tomar con las debidas formalidades muestras de los efectos que se consideren sospechosos, en mal estado, ó adulterados para su análisis en el laboratorio, dejando en poder del interesado comprobantes por medio de boletas talonarias de la clase de efecto que haya tomado, para evitar dudas ó discusiones; (f) examinar los inodoros, urinarios y bocas del alcantarillado informando al jefe de las infracciones que observare.

Capítulo XII.

carnicerías y venta de carnes.

Art. 346. Para la apertura de una carnicería se requerirá informe favorable de la junta local de sanidad, previa inspección referente á que el establecimiento reune las condiciones sanitarias correspondientes.

Art. 347. Los establecimientes destinados á la venta de carnes, además de estar bien ventilados y de conservarse siempre limpios y muy aseados el piso, las paredes, el mostrador, los ganchos y demás utensilios, deberán reunir las condiciones siguientes:

(a) Mostrador de mármol blanco pulimentado.

(b) Piso de mármol, cemento ó de losas finas cuyas juntas no permitan grietas.

(c) Cielo raso, siempre que el techo no estuviese en condiciones de ser pintado al óleo.

(d) En las paredes, azulejos rejuntados con cemento ó repellados con material impermeable desde el suelo á la altura de 2 metros, por lo menos.

(e) Puntal de 4 ó 5 metros, excepto aquellas ya instaladas que tengan suficiente ventilación.

(f) Instalación de servicio de agua en abundancia para la limpieza.

(g) Refrigerador ó nevera de capacidad suficiente según la importancia del establecimiento, para contener la carne sobrante de la venta diaria, en forma que no esté en contacto con el agua ó el hielo, y que se ha debido retirar de los ganchos antes de las 10 de la mañana.

(h) Puertas rejas en uno ó dos huecos que den á la calle, para mayor circulación del aire.

(i) Colocación de la carne en ganchos de acero. Estos ganchos estarán fuera del alcance de las manos de los compradores, sostenidos por una barra también de acero, y se conservarán esmerilados.

(j) Instalación sanitaria del local ajustada á las prescripciones de la junta de sanidad y prohibiéndose la existencia de retrete en el mismo.

(k) Conservación constante del local en el mejor estado de aseo, baldeo de sus pisos una ó más veces al día y pintura al óleo del maderamen y de las paredes renovada cuantas veces sea necesaria.

(l) Abstención de ejercer otra industria ó comercio, de tener víveres, de almacenar huesos, piltrafas, sebo, basuras, etc., y separación de otros establecimientos por tabiques de mampostería completos, sin huecos de comunicación con aquellos.

ART. 348. Los carniceros y los expendedores de pescados estarán obligados á guardar las carnes ó pescado sobrantes de la venta diaria, en refrigeradores ó cajas bara hielo, forrados interiormente, á prueba de filtraciones, con planchas de plomo, zinc ú otro metal duradero, y dispuesto el forro de modo que el agua del deshielo se derrame constante y fácilmente por medio de un tubo de plomo, cobre ó latón conectado, conforme á las indicaciones de la junta local de sanidad, con el desagüe más próximo dentro del edificio.

ART. 349. El expendedor usará mandil blanco, siempre limpio.

ART. 350. No se permitirán carnicerías en casas de madera, excepción hecha de aquéllas que, por circunstancias especiales de localidad y bajo determinadas condiciones obtengan permiso especial por escrito de la junta local de sanidad.

ART. 351. A las carnicerías instaladas en la actualidad y que no reunan las condiciones antes expresadas, se les concederá un plazo de seis meses para ajustarse á ellas, á contar desde la promulgación de estas ordenanzas, procediéndose á la clausura de las que no las hayan cumplido.

ART. 352. Queda prohibido usar como residencia ó dormitorio el local de una carnicería.

ART. 353. Para su mejor aeración las carnes se conservarán colgadas, fuera ó dentro del refrigerador, desde la hora de su llegada al establecimiento hasta las 10 de la mañana. Durante el resto del día se guardarán en el refrigerador, que estará provisto durante todo el tiempo del servicio de cantidad suficiente de hielo.

ART. 354. No se permitirá en las carnicerías usar picaderos de madera ni hachas, debiendo cortarse las carnes con cuchillos enterizos de acero, lisos en las hojas y en los mangos, y los huesos con sierras de análoga construcción á la de los cuchillos.

ART. 355. No se permitirá la venta de carnes procedentes de animales que no se hubiesen matado expresamente para el consumo, en los mataderos ó lugares autorizados para suplir la falta de éstos.

ART. 356. El dueño de una carnicería que tenga sospechas de que la carne que ha recibido procede de un animal enfermo, suspenderá la venta de la misma y dará parte inmediatamente del hecho al jefe de sanidad.

ART. 357. Todos los utensilios de las carnicerías y de los vendedores de carne, embutidos, aves, pescados, etc., se conservarán siempre en el mejor estado de limpieza.

ART. 358. En la fabricación de salchichas, longanizas y demás embutidos no se empleará otra carne que la de cerdo ó de res vacuna ni otra sal que la común (cloruro de sodio) y no podrán usarse saladeros, prensas y demás utensilios que no sean de madera, hierro ó piedra, manteniéndose todos perfectamente limpios.

ART. 359. No se permitirá la entrada en ninguna población y procedentes de otra, de carnes, en trozos ó bandas, que no vayan marcadas con la señal del matadero correspondiente y acompañadas del oportuno certificado del veterinario inspector del mismo, visado por el alcalde.

ART. 360. Se declararán clandestinas y serán decomisadas las carnes que no procedan de matedero autorizado ó que no hayan sido reconocidas por los peritos respectivos. Estas carnes se remitirán en seguida para su examen sanitario al centro correspondiente.

ART. 361. No se permitirá curar cueros ni preparar sebo ú otra grasa en las carnicerías ni en ningún otro lugar de la población, para el que no se haya obtenido permiso, por escrito, de la junta local de sanidad.

ART. 362. La venta de carne, huesos, menudos, manteca, etc., á domicilio, se hará en tableros de metal esmaltado ó pulimentado ó de madera forrada de láminas metálicas, y se

conservarán siempre limpios. Los tableros estarán además protegidos por cubiertas para evitar el polvo, los insectos y el manoseo.

ART. 363. Se prohibe el uso de toda substancia preservativa, que no sea la sal común (cloruro de sodio), para la conservación de las carnes destinadas al consumo.

CAPÍTULO XIII.

BASURAS É INMUNDICIAS.

ART. 364. En las habitaciones en que no se haya establecido el servicio de conducción de basuras ó inmundicias al mar, éstas se arrojarán en vertederos ó muladares situados á no menos de un kilómetro del perímetro urbano y en lugares donde no puedan causar daño alguno á la salud pública, señalados por la junta de sanidad. Cuando haya establecidos hornos crematorios de basuras é inmundicias, éstas serán conducidas á ellos.

ART. 365. Cada ayuntamiento, si el servicio no se efectúa por el Estado, deberá establecer el servicio público de recogida de aguas sucias, basuras é inmundicias de calles, plazas y casas, de manera regular y conforme á las prescripciones que señale la junta de sanidad.

ART. 366. Las basuras ú inmundicias de las casas se extraerán en envases metálicos ó de otro material impermeable, sin agujeros ó hendiduras que den salida á parte del contenido, y que se colocarán en la calle, junto á la acera, momentos antes de pasar el carro destinado á recogerlas, si el servicio se prestare de día, en cuyo caso se hará en las primeras horas de la mañana; pero si fuere de noche, se extraerán pasadas las 10 de la misma.

En los lugares donde no haya servicio organizado de recogida de basuras, éstas se quemarán cada cuarenta y ocho horas en los patios si no pudieran ser llevadas á las afueras de la población, á menos que sea necesario hacerlo antes para evitar que por su naturaleza, cantidad ú otra circunstancia, se fermenten ó corrompan dentro de las casas ó en los patios.

ART. 367. El ocupante de cualquier casa en la población está obligado á usar número suficiente de cajas ó vasijas, á prueba de agua, de metal ó forrados interiormente de metal, capaces de contener, hasta una altura de 10 centímetros por debajo de su tapa, todas las basuras, residuos, cenizas, etc., que se hayan acumulado durante el día en su domicilio. Usará también donde no existan cloacas ó sumideros, número suficiente de vasijas para contener las aguas residuas de condiciones iguales á las de basuras, cuidando de recoger de la calle los envases en las primeras horas de la mañana si el servicio se presta de noche, y si de día, tan pronto como los encargados de la limpieza las hayan desocupado.

ART. 368. Queda prohibido á los transeuntes agitar, derramar, remover ó extraer el contendio de dichos envases ó apoderarse de éstos.

ART. 369. En los lugares donde no exista el servicio público de limpieza, los residuos y basuras de los establecimientos industriales y del comercio, se conducirán por cuenta de sus dueños á los vertederos autorizados.

ART. 370. Queda prohibido arrojar á los vertederos ó muladares, á que se refiere el artículo anterior, materias fecales y animales muertos.

ART. 371. Los ayuntamientos dispondrán que las basuras arrojadas en los muladares ó vertederos se quemen ó destruyan por los contratistas ó por los empleados cuando el servicio se haga por administración; pero en ningún caso se permitirá extraer de las basuras objetos ó materias para aplicaciones industriales ó agrícolas, sin que éstos sean antes desinfectados y mediante permiso especial de la junta de sanidad.

ART. 372. Queda prohibido acumular ó depositar en ninguna casa, habitación, sótano, patio, etc., basuras, residuos, huesos ó cualquier material susceptible de descomposición y que pueda causar molestias á los vecinos ó producir malos olores.

CAPÍTULO XIV.

TRANSPORTE DE BASURAS Y ABONOS.

ART. 373. Queda prohibido conducir estiércol ó residuos de los establos dentro del perímetro de la población, á no ser en carros especiales, construídos ad hoc, de fondo y paredes impermeables, sin agujeros ni intersticios, bien tapados y conforme al modelo aprobado por la junta de sanidad.

ART. 374. Los carros para la carga de estiércol y residuos deberán cargarse dentro de los edificios de los establos ó en sus patios y no en las calles ó lugares públicos: y el contenido será transportado de manera que no despida mal olor. Quedan prohibidas las remociones parciales: la extracción se verificará en su totalidad.

ART. 375. Todo el estiércol ó residuo que se conduzca deberá ir dispuesto de tal modo que ninguna porción del mismo caiga del carro durante el transporte.

ART. 376. No se permitirá la descarga de basuras, abonos ó residuos á distancia menor de 100 metros de una casa habitada, ni la permanencia de aquéllos en el interior de los establos por más de veintí cuatro horas.

ART. 377. Queda prohibida la construcción ó el uso de receptáculos ó bóvedas para almacenar basuras, estiércol ó residuos en ningún lugar de la población, á menos que, por razones especiales justificadas, se obtenga un permiso por escrito de la junta de sanidad.

ART. 378. El transporte por ferrocarril de las basuras ó abonos de la población, se ajustará á los requisitos siguientes:

(a) Serán conducidos en carros cerrados y forrados interiormente con planchas metálicas ú otro material que los haga impermeable y fáciles de limpiar, sin intersticios donde pueda acumularse la materia que se transporte.

(b) El carro permanecerá cerrado mientras contenga carga y una vez descargado, será en seguida limpiado mecánicamente por medio de chorro de agua bajo presión, dejándole abierto hasta que vuelva á ser cargado.

(c) Si no fuera posible limpiar el carro en seguida de su descarga, deberá éste continuar cerrado hasta donde pueda ser limpiado mecánicamente, operación que no deberá omitirse por ningún motivo antes de recibir nueva carga.

(d) Los carros destinados á la conducción de basuras no serán destinados al transporte de ninguna otra clase de carga, y llevarán estampada á cada lado, en caracteres visibles desde lejos, la palabra "basura."

(e) La operación de cargar y descargar las basuras se hará de carro á carro y á una distancia no menor de 100 metros de edificio habitado de la población ó de camino público. En los lugares de campo las carretas ó carretones dedicados á este servicio tendrán que ir cubiertos y adaptados de modo que no permitan regueros de la carga.

(f) Los lugares destinados ex profeso para la carga y descarga de basura, serán de piso impermeable á fin de que sean limpiados convenientemente, ó en su defecto, después de recogidos con esmero los residuos, se cubrirá con una capa de cloruro de calcio.

(g) No se permitirá depósito alguno previo para cargar ó descargar, y para ambas operaciones se preferirán las horas de la noche ó sean las de menos tránsito.

(h) En las fincas ó en cualquier otra parte donde se desee aprovechar las basuras como abono, se tendrán en cuenta las disposiciones dictadas con respecto á los lugares de carga y descarga.

(i) No se permitirá que los lanchones, botes, etc., dedicados al transporte de basuras ó de materias orgánicas susceptibles de entrar en putrefacción, permanezcan con la carga ancladas por más de doce horas en muelle alguno de la población. Estos lanchones ó botes serán desinfectados con frecuencia.

CAPÍTULO XV.

LIMPIEZA DE LETRINAS Y SUMIDEROS.

ART. 379. Para la concesión de licencia para el establecimiento de un tren de limpieza de letrinas será necesario informe favorable de la junta local de sanidad, con expresión de los requisitos correspondientes.

ART. 380. Estos establecimientos se situarán fuera de la población, y será obligación de los dueños registrar sus nombres y direcciones en la junta local de sanidad.

ART. 381. Los dueños de trenes de limpieza de letrinas y sumideros están obligados á enviar diariamente al jefe de sanidad una relación firmada, en planillas impresas al objeto, de las limpiezas efectuadas durante la noche anterior, con expresión de calle y número de la casa, propietario, domicilio de éste, número de carros extraídos y capacidad y condición del pozo negro ó sumidero, que sea objeto de la limpieza.

ART. 382. Queda prohibido realizar limpiezas parciales de letrinas y sumideros. Si esta operación se interrumpiere, se continuará en la noche siguiente. Las fosas serán debidamente desinfectadas con sulfato ferroso y cal, doce horas antes, por lo menos, de la limpieza y después de terminada la operación, dejándolas completamente vacías.

A la inspección de este servicio se le prestará preferente atención por la junta de sanidad.

ART. 383. Cuando se supriman pozos negros, sumideros ó pozos absorbentes, alcantarilla, etc., deberán cegarse, y antes de esta operación limpiarse perfectamente y desinfectarse. El material que se emplee para el relleno estará mezclado con cal.

ART. 384. La limpieza de los excusados y sumideros se efectuará exclusivamente desde las once de la noche á las cinco de la mañana, colocándose en la puerta de la casa donde aquélla se realice un farol con luz verde que se vea desde lejos.

ART. 385. El encargado de la limpieza de una letrina ó sumidero que por las condiciones de construcción de éste ó aquélla pudiera dar lugar á accidentes consecutivos al desprendimiento ó inflamación de gases, deberá adoptar las precauciones necesarias para evitar desgracias.

ART. 386. En las poblaciones donde el servicio no se realice por medio de aparatos modernos de aspiración, las materias extraídas se colocarán, previamente desinfectadas, en recipientes bien cerrados, y éstos serán conducidos en carros, provistos de un farol de luz verde, á los lugares autorizados, fuera de las poblaciones donde no sea posible causar daño alguno á la salud pública.

Art. 387. Fuera de las horas designadas para la limpieza, los carros que se dediquen á estos usos, no deberán transitar por las calles, aunque vayan vacios. Los carros y todos los utensilios empleados en las operaciones de limpieza se desinfectarán convenientemente y se tendrán fuera de la población.

Art. 388. Los carros destinados á esta industria serán de sólida construcción y conducidos de modo que no derramen la carga por las calles de su tránsito. Las vasijas estarán tapadas para evitar los derrames y malos olores.

Art. 389. Los empleados en la limpieza de una de letrina ó sumidero, una vez terminada la operación, deberán baldear, fregar y limpiar perfectamente los lugares que hayan ensuciado en la casa.

Art. 390. En el caso de que un carro ó depósito, por un vuelco ú otra avería derramen toda la carga ó parte de ella, sus conductores estarán obligados á recogerla en seguida y á dejar bien limpios los lugares ensuciados.

Art. 391. Los carros se conservarán limpios y de modo que no puedan molestar con malos olores.

Art. 392. Se prohibe arrojar á las letrinas y sumideros basuras, desechos, animales, vegetales, cenizas ó cualquier otro residuo extraño al objeto para que fueron construidos.

Art. 393. Será obligación de los propietarios ó inquilinos, según los casos, el mantener cualquier receptáculo ó depósito de inmundicias ó residuos de la casa, ya sea letrina, inodoro, fregadero, sumidero, etc., en el mejor estado de función y limpieza para que no constituya molestia ni peligro para la vida ó la salud.

Art. 394. Se prohibe arrojar á los ríos, puertos, bahías, arroyos, lagunas, cunetas, etc., materias fecales ú otras inmundicias.

Capítulo XVI.

ferrocarriles, tranvías y ómnibus.

Art. 395. Todos los vehículos destinados al transporte de pasajeros han de estar bien pintados, lavados y aseados con el mayor esmero, y libres de todo insecto.

Art. 396. Queda prohibido á las empresas de ferrocarriles, tranvías, ú ómnibus arrojar dentro del perímetro de la población, basuras, cenizas, ú otras substancias semejantes, salvo la arena que se emplea habitualmente entre los raíles y las ruedas de las locomotoras.

Art. 397. Todos los carros destinados al transporte de viajeros deberán tener la ventilación suficiente.

Art. 398. No se permitirá la conducción de ropas sucias ú otra materia análoga, en atados, cestos ó canastas, en el lugar destinado á los viajeros, sino en la plataforma delantera, y en los ómnibus además en el techo.

Art. 399. Todos los coches de ferrocarril tendrán retretes para viajeros de ambos sexos, y estarán construidos con material impermeable y dispuestos de manera que se conserven en el mejor aseo y sin que despidan mal olor.

Los ómnibus, tranvías y coches de ferrocarril estarán provistos de número suficiente de escupideras, con solución desinfectante y que se lavarán diariamente.

Art. 400. Las estaciones y todas sus dependencias se conservarán igualmente en la mayor limpieza; baldeándose diariamente los pisos; blanqueándose ó pintándose las paredes, puertas y ventanas cada vez que sea necesario. Estarán provistas de escupideras en número apropiado, con solución desinfectante, sujetas en soportes elevados, las que se limpiarán diariamente, é inodores ó excusados en perfecto estado de función y limpieza.

Art. 401. En las estaciones y en los vehículos se fijaran carteles en que se advierta la prohibición de escupir en el piso.

Art. 402. Los patios de las estaciones estarán limpios, sin hierbas, basuras y aguas estancadas en el suelo, y con las zanjas ó desagües en buen orden.

Art. 403. Las empresas de ferrocarriles quedan obligadas á verificar el arrastre, con sus trenes de viajeros, y mediante el extipendio que acuerde la comisión de ferrocarriles, de un carro especial propiedad de la Junta Superior de Sanidad para transportar pacientes atacados de enfermedades transmisibles; carro que se desinfectará inmediatamente por cuenta y orden de la junta de sanidad cada vez que se use. Este carro se guardará en alguna de las estaciones centrales.

Capítulo XVII.

vías públicas.

Art. 404. Se prohibe arrojar á las calles, plazas, paseos, solares, etc., basuras, inmundicias ó cualquiera otra substancia perjudicial á la salud, como también aguas sucias, corrompidas ó pestilentes.

Art. 405. No se permitirá dejar salir por los caños y bajantes que desemboquen en la vía pública materias ó líquidos, de ninguna clase, aunque estén limpios, á no ser las aguas pluviales.

ART. 406. No se permitirá emplear en el relleno de cavidades ó baches, ni para levantar parte alguna del terreno, de las calles, plazas, paseos, etc. ni en ningún lugar adyacente á las casas de la población, las basuras de la calle ó de cualquiera otra procedencia, residuos animales, ó vegetales ó cualquier otro material capaz de entrar en descomposición orgánica ó de producir emanaciones pútridas.

ART. 407. Las calles, plazas, paseos, solares y ermos, etc., se conservarán de manera que las aguas no se encharquen, y se tendrán libres de hierbas en los lugares que no estén destinados expresamente para sembrarlos como adorno.

ART. 408. Los caños y las aceras se mantendrán siempre muy limpios por los residentes de las casas respectivamente.

ART. 409. No se permitirá hacer ninguna necesidad corporal en las calles, plazas, etc.

ART. 410. En donde no exista servicio público de riego, y haya agua suficiente, los vecinos están obligados á regar con agua limpia una vez al día, por lo menos, la parte de calle correspondiente al frente de sus casas, en la época de sequía, haciéndolo de modo que no se formen baches ni se ocasionen perjuicios á los transeuntes.

ART. 411. Será obligatorio para el contratista encargado del servicio recoger todos los animales muertos que se encuentren en la vía pública á la mayor brevedad posible.

ART. 412. Los barrenderos públicos ó privados están obligados á recoger perfectamente toda la basura de las vías públicas, raspando la que se encuentre adherida é impidiendo que vaya á la cloaca ó á otro recipiente conectado con ella.

ART. 413. Queda prohibido sacudir en la vía pública alfombras, paños, etc., que ocasionen la dispersión del polvo.

ART. 414. Se prohibe amarrar ó soltar cerdos, caballos, cabras ú otros animales en las calles ó lugares públicos de la población, siendo responsables de ello sus propietarios ó encargados.

ART. 415. No se permitirá la descarga de ninguna clase de ganado en lugar público de la población, á no ser entre las 10 de la noche y las 5 de la mañana siguiente. En ganado será conducido á su destino por las calles más apartadas y de modo que no constituya un peligro para la salud ó la vida de los mismos y de los habitantes de la población.

ART. 416. Se prohibe el tránsito de vacas lecheras, con sus crías ó sin ellas, por las calles de la población, sin un permiso escrito de la junta de sanidad.

ART. 417. Los encargados del servicio de limpieza pública humedecerán las calles inmediatamente antes de practicar el barrido de éstas, á fin de evitar la dispersión del polvo.

CAPÍTULO XVIII.

HOSPITALES, CASAS DE SALUD, ENFERMERÍAS.

ART. 418. Los hospitales, casas ó quintas de salud, enfermerías, lazaretos, etc., sean públicos ó privados, se instalarán fuera de las poblaciones. Esta disposición no comprende á los establecimientos de esta clase que se encuentran ya instalados.

ART. 419. No se podrá establecer, ensanchar ó trasladar algún hospital, casa ó quinta de salud, enfermería, lazareto, etc., sin consulta y resolución favorable de la junta superior de sanidad, á la que los interesados darán los datos, planos, etc., del edificio que se trate de establecer ó modificar.

ART. 420. Los hospitales, lazaretos, casas, etc., que se instalen en lo sucesivo para el aislamiento y asistencia de pacientes de enfermedad transmisible estarán separados de los edificios adyacentes por una distancia no menor de 30 metros y rodeados de arbolados ó jardines.

ART. 421. Todo hospital general, quinta de salud ó enfermería tendrá uno ó más locales, con puertas dobles y ventanas, provistas de tela metálica á prueba de mosquitos, y propiamente arreglados en el interior para el aislamiento oportuno de los casos que ocurran de las siguientes enfermedades: Sarampión, difteria y crup, fiebre amarilla, escarlatina, viruela, cólera asiático, tifus exantemático, peste bubónica, tos ferina, lepra, fiebre puerperal, filariasis y paludismo.

ART. 422. Los hospitales estarán provistos de locales y de aparatos para la desinfección.

ART. 423. Cada enfermo que se presente con alguna de las enfermedades enumeradas en el artículo 421 será separado inmediatamente de los demás y trasladado al local de aislamiento, y se dará por el director el parte correspondiente al jefe de sanidad.

ART. 424. En las poblaciones donde existan hospitales generales dejarán de recibir y de asistir atacados de enfermedad transmisible. Los enfermos de esta naturaleza que se declaren en ellos serán trasladados á las de aislamiento con las precauciones necesarias.

ART. 425. Los hospitales, casas de salud, etc., estarán obligados á desinfectar con frecuencia las salas destinadas á los atacados de enfermedad transmisible.

ART. 426. Los convalecientes de enfermedades transmisibles y los enfermeros que los hubieren asistido se bañarán y desinfectarán antes de salir del hospital.

Art. 427. Los hospitales, casas ó quintas de salud, lazaretos, enfermerías, sanatorios, asilos, etc., sean públicos ó privados, quedan sujetos á la inspección de la junta de sanidad en todo lo que se refiere á sus condiciones sanitarias ó higiénicas.

Art. 428. Las casas ó quintas de salud se establecerán y regirán de conformidad con las prescripciones de los artículos que siguen.

Art. 429. Se entenderá por casa de salud todo establecimiento dedicado á la asistencia de enfermos en sus propios edificios y sostenido por alguna asociación ó empresario, mediante retribución estipulada con el interesado.

Art. 430. Los edificios destinados á casas de salud deben reunir buenas condiciones de elevación, aireación suficiente, capacidad y terreno seco, y apartado de arroyos, lagunas, pantanos y depósitos de substancias organicas en descomposición.

Art. 431. Las asociaciones ó empresarios poseedores de esta clase de establecimientos, quedan obligados á mantenerlos siempre en estado de completa limpieza, hermosearlos en lo posible y reunir en ellos cuanto es indispensable para la mejor asistencia, comodidad y esparcimiento de ánimo de los enfermos. Deben contar estos establecimientos con un inodoro, un lavamanos y un baño, por lo menos, por cada veinte enfermos, así como jardines y patios suficientes.

Art. 432. No se concederá licencia para establecer casas de salud, sin que preceda informe favorable de la junta local de sanidad que acepte y apruebe en definitiva la junta superior del ramo. Este informe versará, además de los particulares que considere pertinentes la junta, sobre las condiciones higiénicas del edificio, su emplazamiento, número de enfermos que en el mismo puedan ser asistidos. El arquitecto del ayuntamiento ó perito que supla á este funcionario deberá informar respecto de las condiciones de solidez y capacidad del edificio destinado al objeto.

Art. 433. A la instancia que se presente solicitando la apertura de una casa de salud se acompañará un plano completo de los edificios del establecimiento determinado, de manera precisa, el número, clase y condiciones de los baños, inodoros, vertederos, fregaderos, pozos de agua, lavamanos, etc., que hayan de instalarse, así como los medios de abastecimiento de agua en proporción de 150 litros diarios, por lo menos, por cada enfermo y empleado de la casa. El plano irá acompañado de una memoria descriptiva. Además se unirá el reglamento para el régimen interior del establecimiento, en el que se expresará la clase de servicios profesionales que se hayan de prestar, así como la ascendencia de las cuotas, dietas, etc., que deban abonar los enfermos por estos servicios.

Art. 434. Una vez presentada la instancia documentada, el alcalde la trasladará á la junta local de sanidad, para que informe sobre las condiciones higiénicas del edificio, y de su emplazamiento, con expresión del número de enfermos que puedan en él ser asistidos. Evacuado este informe, emitirá el suyo el arquitecto municipal ó el perito capacitado que lo supla, sobre las condiciones de seguridad de dicho edificio; siendo requisito indispensable para la concesión que ambos informes sean favorables, así como el de la junta superior de sanidad.

Art. 435. El reglamento de toda casa de salud, una vez aprobado, deberá imprimirse, y el administrador de la casa obligado á repartirlo entre los subscriptores ó interesados por cualquier concepto.

Art. 436. Toda casa de salud contará, por lo menos, con los médicos internos, y los enfermeros y asistentes suficientes, sin que aquél ni éstos puedan abandonar sus puestos hasta que hayan sido relevados por los que turnen el servicio. El servicio de enfermeros ó enfermeras estará desempeñado por graduados ó incorporados en la Universidad de la Habana.

Á los efectos del cumplimiento de este artículo en lo que se refiere á los enfermeros y enfermeras se concede un plazo de tres años, á contar desde la promulgación de estas ordenanzas.

Art. 437. En cada caso de salud habrá, por lo menos, un médico de visita por cada cincuenta (50) enfermos, y tres (3) médicos internos por cada doscientos (200) enfermos, para que resulte eficaz el servicio.

Art. 438. Las farmacias de las casas de salud estarán á cargo de profesores farmacéuticos. Estas farmacias se sujetarán al reglamento que rija para el ejercicio de la profesión de farmacia.

Art. 439. Los directores facultativos darán parte diariamente á la junta local de sanidad de los casos de enfermedades transmisibles, de declaración obligatoria, que ingresen en la casa de salud, así como de las altas por curación ó muerte de los mismos. Para los efectos del artículo 423 se llenará un registro diario en el que consten el ingreso, la salida y asistencia de los enfermos asistidos en el establecimiento y el diagnóstico de los mismos, registro que será inspeccionado por el jefe local de sanidad, ó un delegado del mismo, siempre que lo estime conveniente.

Art. 440. En toda casa de salud deben existir dos pabellones completamente independientes y á sotavento de los demás pabellones, para alojar en ellos á los enfermos de afec-

ciones contagiosas, dedicándose el uno á enfermedades transmisibles por el mosquito, y el otro para las transmisibles por contagio.

ART. 441. En el primero de dichos pabellones las puertas y ventanas estarán protegidas por tela metálica que impida la entrada ó salida de los mosquitos, ó sea de 16 hilos por 2½ centímetros cuadrados. Esta tela metálica debe ser doble en la puerta de entrada del pabellón, formando á modo de un vestíbulo para mayor seguridad contra los mosquitos.

ART. 442. El pabellón para casos de enfermedades transmisibles por contagio, á que se refiere el artículo 440, se dividirá en dos ó más salas para el caso de existir enfermos de distintas afecciones, á fin de evitar la transmisión al paciente de otra enfermedad contagiosa distinta de la que sufre.

ART. 443. Las salas deben estar divididas en pequeñas habitaciones donde sólo existan, á lo más, dos camas en cada una, para que una vez que se ha dado un enfermo de alta por curación ó fallecimiento puedan ser desinfectadas con facilidad.

Habrá, además, un pabellón ó sala especial de tuberculosos, á distancia conveniente de los demás enfermos, con todas las precauciones necesarias á evitar la propagación de la tuberculosis.

ART. 444. Los enfermeros y asistentes de las salas de enfermos infecto-contagiosos no podrán bajo ningún concepto estar en contacto con el resto del personal del establecimiento.

ART. 445. Los médicos, enfermeros y asistentes de las salas mencionadas usarán batas que han de ajustar perfectamente al cuello y á las muñecas, y de las que se desprenderán al salir de las salas para que sean desinfectadas.

ART. 446. Las excretas de los enfermos serán desinfectadas debidamente. También se desinfectarán las vasijas, ropas de cama y demás objetos que hayan estado en contacto con el paciente. Todo enfermo de cama estará obligado al entrar en la casa á entregar la ropa que viste para ser desinfectada en el acto, y á vestir mientras guarde cama la ropa que se le señale.

ART. 447. En todas las poblaciones en que haya alcantarillado y agua suficiente, los servicios sanitarios estarán instalados conforme á lo prescripto por estas ordenanzas sobre esta materia.

ART. 448. En las poblaciones que carezcan de alcantarillado las casas de salud tendrán número suficiente de pozos negros con fondo y paredes mamposteados y cementados, tubo ventilador y demás especificaciones de la junta local de sanidad y que se harán constar en la licencia correspondiente.

ART. 449. Los pozos negros se construirán á la mayor distancia posible de los pabellones ocupados por los enfermos y se desinfectarán diariamente con petróleo crudo y una solución de sulfato de hierro.

ART. 450. Los enfermos que por su estado de salud no puedan ir á los retretes harán sus deposiciones en vasijas de losa ó esmaltadas y con tapas, que serán sacadas de la sala tan pronto se haya hecho uso de ellas, no pudiendo ser utilizadas de nuevo mientras no se les desinfecte.

ART. 451. En toda casa de salud existirá un local aislado, en el que se depositarán los cadáveres hasta que se proceda á su inhumación, ó se entreguen á los familiares. Este local será desinfectado cada vez que haya sido ocupado por un cadáver.

ART. 452. Las casas de salud serán inspeccionadas por la junta local de sanidad, así como por el jefe de sanidad por sí ó por delegado, con el fin de cerciorarse de si se cometen ó no abusos ó deficiencias en el servicio de los enfermos y de si se cumplen las leyes, disposiciones ú órdenes sanitarias.

ART. 453. Toda persona que sin llenar los requisitos expresados abriese una casa de salud, se le clausurará inmediatamente, sin perjuicio de la aplicación de la penalidad que corresponda.

ART. 454. Todos los hospitales, casas de salud, etc., suministrarán á la junta local de sanidad los datos de su estadística particular y demás informes que se les pida respecto al estado sanitario del establecimiento, enfermos que asistan, etc.

ART. 455. Los requisitos de orden sanitario exigidos para las casas de salud se aplicarán igualmente á los hospitales, enfermerías, etc.

CAPÍTULO XIX.

ANIMALES Y GANADOS.

ART. 456. Queda prohibido introducir ó conservar en la población animal alguno atacado de enfermedad transmisible á la especie humana ó que haya estado en contacto con otros animales afectados de enfermedades de la misma naturaleza. Los dueños ó encargados de dichos animales y los veterinarinos que ejerzan su profesión están obligados á dar parte al jefe local de sanidad de cualquier caso de los indicados que se les presente.

ART. 457. Se aislará convenientemente, en lugar designado por la junta de sanidad, todo animal atacado de enfermedad transmisible.

La existencia de algún caso de muermo ó tuberculosis en animales en la Provincia de la Habana será participado á la comisión creada por la orden 66 de 1901, para que tome las medidas que en la misma se establecen. En las demás Provincias se seguirán los preceptos de estas ordenanzas aplicables á la materia.

ART. 458. Queda prohibido utilizar nuevamente las cuadras, patios, corrales, etc., en que hayan estado animales enfermos, sin haberse practicado antes la desinfección correspondiente y obtenido permiso para ello de la junta local de sanidad.

ART. 459. El propietario, encargado ó veterinario que advierta en algún animal señales ó signos sospechosos de muermo ó lamparones avisará con urgencia al jefe de sanidad tan pronto como tenga noticia del caso.

ART. 460. Todo animal enfermo ó maltratado que se encuentre en las calles ú otros lugares públicos será inmediatamente recogido por la policía, y conducido al lugar designado al efecto.

ART. 461. El transporte de animales afectados de enfermedad transmisible, ó del cadáver de los mismos, se verificará de modo que su tránsito no constituya peligro por el riego de deyecciones, sangre ú otras materias. El carro se preferirá que sea cerrado y en seguida se desinfectará debidamente.

ART. 462. Se prohibe enterrar en la población cadáveres de animales. Éstos serán conducidos antes de que se inicie la putrefacción, al lugar que al efecto se halle señalado para su enterramiento ó incineración y se procederá con ellos, en la forma que se disponga, según la naturaleza de la enfermedad que haya causado la muerte.

ART. 463. No se permitirá que los perros, cualquiera que sea su clase y tamaño, anden por las calles sin bozal, á menos que vayan atados y conducidos por alguna persona. El perro que se encuentre de otra manera será recogido por los empleados municipales encargados de llenar este servicio y llevado al depósito correspondiente.

ART. 464. De toda persona mordida por un perro ú otro animal se dará aviso en seguida al jefe de sanidad, quien dispondrá que sea puesto en observación, y si resultare rabioso dicho animal dictará las medidas que estime oportunas.

ART. 465. Todo animal sospechoso de rabia será capturado y aislado, y se dará parte de ello al jefe de sanidad.

ART. 466. Las perreras, cualquiera que sea el lugar en que se tengan, han de mantenerse en estado de completa limpieza y ventilación, bien provistas de agua para beber los animales y situadas á la sombra.

ART. 467. Todos los animales domésticos han de tenerse muy limpios, así como los lugares donde se les recoja.

ART. 468. Se prohibe la cría y ceba de ganado de cualquier clase, en basureros, estercoleros ú otros lugares en que se arrojen restos animales ó detritos de la misma naturaleza.

ART. 469. No se permitirá la traslación de un distrito á otro de ningún animal atacado de enfermedad transmisible, ni dentro de un mismo distrito á lugares donde puedan contagiar á sus semejantes ó á las personas.

ART. 470. Tan pronto como el jefe local de sanidad, ó los propietarios respectivos, tengan conocimiento de haberse presentado alguna enfermedad epidémica (epizootia) en los ganados, darán aviso por la vía más rápida de que dispongan al jefe superior de sanidad, tomando desde el primar instante las mididas de aislamiento y otras señaladas en la circular de la secretaría de gobernación, sobre epizootias, fecha 17 de febrero de 1903, publicada en la Gaceta Oficial el día 19 del propio mes y año, las cuales se ratifican por las presentes reglas.

ART. 471. No se permitirá aprovechar para ningún uso parte alguna de animales muertos de enfermedades transmisibles á la especie humana.

ART. 472. Todos los animales muertos de enfermedades transmisibles serán quemados hasta su completa carbonización y los de otras enfermedades serán enterrados, si no se prefiere quemarlos.

ART. 473. No será permitido dentro de los límites de la población ningún hospital ó establo de animales atacados de enfermedades transmisibles á la especie humana.

CAPÍTULO XX.

SANIDAD Ó HIGIENE RURAL.

ART. 474. Las viviendas en el campo se construirán lejos de los pantanos y de los terrenos que se dediquen á cultivos encharcados, eligiéndose en cada finca los parajes más altos y secos.

ART. 475. Los dueños de fincas rústicas procurarán la desecación de los pantanos y el desague de las charcas que en ellas hubiere, y á no serle posible por lo costoso verterán en ellas cantidad de petróleo suficiente, cada dos semanas, á fin de impedir la procreación de los mosquitos.

ART. 476. Las casas en el campo tendrán también en cuanto sea posible análogas condiciones higiénicas á las viviendas en general. Se evitará que de las cocinas pase el humo á las habitaciones haciendo la atmósfera irrespirable.

ART. 477. Las cosechas no se depositarán en el mismo local de las viviendas, ni será permitido en éstas la permanencia de cerdos, cabras y aves de corral.

ART. 478. Las caballerizas, chiqueros, gallineros, palomares y otros lugares destinados á los animales deberán estar apartados de las viviendas y se mantendrán en buenas condiciones de limpieza.

ART. 479. Los estercoleros y pozos negros estarán situados lo más lejos posible de las viviendas y de los pozos, alijbes, arroyos y ríos.

CAPÍTULO XXI.

ENFERMEDADES TRANSMISIBLES.

ART. 480. Es obligatoria para el médico le declaración al jefe local de sanidad de todos los casos confirmados que se presenten de las enfermedades que se enumeran en la siguiente lista:

Actinomicosis, anquilostomiasis ó uncinariasis, beriberi, *carbunclo, cólera asiático,* cólera nostras, *difteria y crup, disentería epidémica,* enteritis (de cualquier naturaleza), *erisipela, escarlatina, fiebre amarilla, fibre de malta,* fiebre miliar, *fiebre tifoidea, filariasis, gripe, lepra, meningitis cerebro-espinal epidémica, muermo y farcino, neumonía, oftalmías (granulosa y purulenta), paludismo* (en todas sus formas), *paperas, (parotiditis epidémica), peste bubónica,* rabia, *rubeola, (sarampión alemán Rötheln), sarampión, septicemia puerperal y otras afecciones puerperales,* tétanos de los recién nacidos, *tifus exantemático, tiñas, tos ferina, tuberculosis* (en todas sus formas), *varicela, y viruelas.*

La obligacion de la denuncia se extiende también á los casos sospechosos de las enfermedades clasificadas entre las cuarentenables.

Para los efectos de estas ordenanzas se entenderán por enfermedades *transmisibles* todas las que van impresas con letra itálica en la lista precedente, y por enfermedades curentenables, el cólera asiático, la peste bubónica, el Tifus exentimático, la viruela, la fiebre amarilla y la lepra.

La obligación de declarar la existencia de estos casos recae igualmente sobre los médicos en el ejercicio de su clientela particular, como sobre los que desempeñan servicios nacionales ó municipales; y se refiere á los casos de las enfermedades antes enumeradas donde quiera que se encuentren, dentro de la jurisdición terrestre ó marítima de la República.

ART. 481. En casos de dudas del diagnóstico los médicos remitirán al jefe local de sanidad las muestras de esputos, sangre, secreciones, etc., con las cuales pudiera comprobarse el diagnóstico. La junta local de sanidad atenderá en el acto cualquier consulta y el resultado se le comunicará en seguida al médico con la reserva consiguiente.

ART. 482. Los médicos deberán notificar al jefe local de sanidad si hay niños en la casa donde se encuentre el enfermo y la escuela ó colegio á que asistan.

ART. 483. De los partes de casos de fiebre amarilla, viruelas, peste bubónica y cólera asiático que reciban los jefes locales darán conocimiento al jefe superior de sanidad por la vía más rápida de que dispongan.

ART. 484. La junta superior de sanidad podrá adicionar la lista del artículo 480 con otras enfermedades que juzgue necesario publicándolo debidamente para general conocimiento.

ART. 485. El parte se dará por escrito en el término de veinte y cuatro horas de la primera visita ó consulta, ó inmediatamente si se trata de un caso, confirmado ó sospechoso, de cólera asiático, fiebre amarilla, escarlatina, sarampión, peste bubónica, difteria ó crup, muerma y tétanos de los recién nacidos, ajustado al modelo impreso que proporciona la junta de sanidad.

ART. 486. El médico de asistencia ó de un hospital, enfermería, quinta de salud, asilo, etc., informará además al jefe de sanidad del resultado final de la enfermedad.

ART. 487. Se llama especialmente la atención de los médicos acerca de la obligación en que están de dar parte de cada enfermo de tuberculosis que se les presente, aunque haya estado antes asistido por otro médico. Esta obligación se extiende también á los directores médicos de todas las instituciones públicas ó privadas.

ART. 488. Es deber de todo individuo afectado de tuberculosis, de sus asistentes y familiares y de las instituciones públicas ó privadas, observar y hacer cumplir todas las reglas y medidas dictadas para evitar la propagación de esta enfermedad.

ART. 489. Si el enfermo atacado de alguna de las enfermedades de declaración obligatoria ha sido visto en primera ocasión por dos ó más médicos en consulta, corresponde dar el parte al que se haga cargo de la asistencia, ó, si ninguno se hace cargo de ésta, al primero que lo hubiere visto ó reconocido.

ART. 490. El médico dará igualmente parte de los casos de declaración obligatoria que acudan á su gabinete de consultas, expresando esta circunstancia en el parte, con el nombre, domicilio, etc., del enfermo.

ART. 491. Los propietarios ó encargados de hoteles, casas de huéspedes, posadas, fondas, casas de dormir, colegios, fábricas, industrias, centrales ó colonias, y, en general, donde residen ó pernocten muchas personas, darán también parte, al jefe de sanidad de todo caso de las mencionadas enfermedades que ocurran, dentro de las primeras veinticuatro horas.

ART. 492. El jefe de sanidad, el inspector médico de sanidad, ó la comisión de enfermedades infecciosas tendrán derecho á visitar cualquier caso, confirmado ó sospechoso, de enfermedad transmisible.

ART. 493. Los directores de hospitales, quintas de salud, enfermerías, etc., indicarán en el parte, el domicilio del enfermo ó el lugar donde presuma éste haber contraído la enfermedad.

ART. 494. Cualquier individuo que tenga noticia de la existencia de algún caso de enfermedad transmisible, ó de fallecido de enfermedad transmisible, sin asistencia médica, está obligado á dar parte al jefe de sanidad.

ART. 495. El médico está obligado á informar al jefe de familia, ó al dueño ó encargado de la casa, tan pronto como reconozca ó sospeche que el caso es de enfermedad transmisible, de las medidas inmediatas que deben ponerse en práctica para evitar entre los familiares ó convecinos el contagio y la propaganción de la enfermedad.

ART. 496. Todo caso de enfermedad fácilmente transmisible será aislado por orden del jefe de sanidad, bien en la propia residencia del enfermo, si existen en ella medios eficaces de hacerlo sin peligro para la salud pública, bien en un hospital, lazareto ó casa apartada, si se carece de aquéllos.

ART. 497. Según la enfermedad de que se trate el aislamiento podrá ser de toda la casa habitada por el enfermo, de parte de ella ó de una habitación, y podrá comprender no sólo al enfermo y los enfermeros sino también por cierto tiempo, mientras se adopten las medidas necesarias, á todas ó parte de las personas que se encuentren en la casa ó que hayan estado en contacto con el enfermo, conforme lo disponga el jefe de sanidad. Estas personas quedarán obligadas después de permitírseles la salida de la casa, á someterse á los requisitos de observación que les disponga el jefe de sanidad.

ART. 498. Las casas donde existan enfermos de cólera, fiebre amarilla, peste bubónica, tifus exantemático, viruelas, escarlatina, y difteria ó crup serán marcadas por orden del jefe de sanidad, con banderas y carteles visibles desde lejos. Queda prohibido impedir ó dificultar la colocación de estas señales y mutilarlas ó rasgarlas después de colocadas.

ART. 499. No se permitirá en los colegios, hoteles, casas de huéspedes, casas de vecindad, fábricas, talleres, cuarteles, cárceles, casas de comercio, y en general todo recinto donde vivan colectivamente ó se reúnan muchas personas, la asistencia de enfermos de cólera, peste, fiebre amarilla, tifus, fiebre tifoidea, viruelas, escarlatina, sarampión y difteria, á no ser que se cuente con un local a propósito para hacer el aislaimento á satisfacción del jefe de sanidad.

ART. 500. Cada ayuntamiento deberá tener un hospital esp azareto, ó local debidamente preparado para el aislamiento de los enfermos contagiosos que no puedan ser aislados en su residencia.

ART. 501. Los médicos, enfermeros y demás personas que presten asistencia á un enfermo de enfermedad transmisible, no podrán ponerse en contacto con otras personas sin desinfectarse previamente, con arreglo á lo dispuesto para estos casos por la junta local de sanidad.

ART. 502. Cuando el caso lo requiera se colocarán guardas sanitarios en las casas que hayan sido aisladas, para no permitir en ellas la entrada y salida de personas, y los directores, encargados, jefes de familia, dueños, etc. serán responsables de las infracciones cometidas por el personal á sus órdenes.

ART. 503. Los que burlen la vigilancia ó quebranten el aislamiento serán castigados conforme á la penalidad establecida para estos casos cuando el hecho no constituya delito, sin perjuicio de su persecución por la policía y de ser reintegrados nuevamente al aislamiento dispuesto.

ART. 504. No se permitirá trasladar ningún paciente de enfermedad transmisible del lugar que ocupa á otro cualquiera, sin permiso escrito del jefe local de sanidad.

Queda prohibido el cambio de residencia, y el tránsito por las vías públicas de todo individuo que se encuentre padeciendo de enfermedad transmisible, igual prohibición será aplicable á los enfermeros, asistentes y otras personas de la casa que hubieren estado en contacto con el enfermo, mientras no obtengan permiso del jefe local de sanidad, el que sólo podrá concederlo después de tomar las precauciones necesarias para evitar la propagación.

ART. 505. La traslación de estos enfermos sólo será permitido hacerla en ambulancias ad hoc, que deberán ser desinfectadas inmediatamente después de usarse. En las poblaciones donde no existan esta clase de vehículos ó no sea posible utilizarlos oportunamente, podrán hacerse las traslaciones en carruajes que después de usarse serán desinfectados en seguida conforme á las instrucciones del jefe local de sanidad, siendo responsables de la infracción de estas reglas, sus dueños ó conductores, según los casos.

ART. 506. Se prohibe el tránsito de pacientes de enfermedad transmisible en los tranvías y ómnibus, y sólo se permitirá en los ferrocarriles usando compartimentos ó carros separa-

dos, previo permiso del jefe local de sanidad, con sujeción á las instrucciones que éste dicte, y de acuerdo con el Jefe Superior de Sanidad.

Los coches de tranvías, ómnibus, ferrocarriles, etc. en los que á pesar de esta prohibición se hubiese conducido algún enfermo de los mencionados, serán separados del tráfico y no se pondrán en uso nuevamente hasta no ser debidamente desinfectados, sin perjuicio de la penalidad que corresponda á los infractores.

Art. 507. Todo enfermo de lepra confirmada bacteriológicamente que no se encuentre recluído en su domicilio, debidamente aislado y asistido, ó que carezca de recursos para ello, será forzosamente recluido en el Hospital "San Lazaro" de la Habana ó en el de Santa Clara conforme á las disposiciones que rigen en la materia.

Art. 508. Tan pronto como un paciente de enfermedad transmisible sea dado de alta por el médico, éste dará aviso al jefe local de sanidad, mientras no se obtenga el alta sanitaria oficial correspondiente, por la que se acredite que no constituye peligro para la salud pública, no se permitirá su salida á la calle.

Art. 509. Queda prohibido el envío á las escuelas, colegios, talleres, etc. de los niños afectados de enfermedad transmisible ó procedentes de casas donde exista algún enfermo de esta naturaleza, ó que no haya obtenido el alta sanitaria correspondiente. Igual prohibición deberá aplicarse á los empleados ú obreros á las mismas y á los talleres ó fábricas. Los maestros y jefes de talleres darán parte inmediatamente al jefe de sanidad, de cualquier niño, empleado ú obrero que no observen esas condiciones. Los padres, tutores, encargados, maestros y jefes de talleres serán responsables respectivamente de las infracciones de esta disposición.

Art. 510. En las casas donde existan casos de enfermedad transmisible, el jefe de familia, dueño, encargado, etc., queda obligado á cumplir estrictamente las órdenes especiales del jefe de sanidad con respecto al enfermo, los familiares, habitación, utensilios, ropas, desinfecciones, etc.

Art. 511. La desinfección general ó parcial es obligatoria para todas las casas en que haya habido enfermo de enfermedad transmisible. No podrá ser nuevamente ocupada ninguna casa, habitación, etc. donde hayan ocurrido casos de estas enfermedades, sin haber sido previamente desinfectada por la sanidad.

Art. 512. Los jefes locales darán cuenta al Jefe Superior de Sanidad tan pronto como tengan conocimiento de existir en sus municipios respectivos algún caso de enfermedad cuarentenable aguda (fiebre amarilla, cólera asiático, viruela, peste bubónica, tifus exantemático) procediendo inmediatamente á adoptar las medidas que estimen necesarias para evitar su propagación.

Art. 513. Independientemente de la aplicación de las reglas establecidas para las enfermedades transmisibles en los precedentes artículos, la junta local de sanidad tan pronto como tenga conocimiento confirmado de la existencia en la localidad respectiva de algún caso de enfermedad cuarentenable (fiebre amarilla, peste bubónica, viruela, cólera asiático, tifus exantemático) procurará el estricto cumplimiento de las medidas profilácticas dispuestas por la Junta Superior de Sanidad según la enfermedad de que se trate, tales como el aislamiento del caso ó casos y, á ser posible, á disponer la traslación de los pacientes á un local que reuna las condiciones necesarias para su aislamiento riguroso y asistencia. Cuando sean varios los focos de alguna de dichas enfermedades y constituyan una epidemia, procurará el aislamiento de los enfermos en barracas situadas en lugares apropiados por su alejamiento de la población; pedirá á las autoridades correspondientes el cierre de las escuelas y teatros y, en general, la celebración de espectáculos públicos ó reuniones de personas, e igualmente la salida de la población infectada á todo enfermo ó sospechoso de estarlo.

La junta de sanidad dará diariamente cuenta de todas sus disposiciones á la Superior del ramo, así como también de las necesidades que observe y no sean prontamente satisfechas.

La declaración oficial de una epidemia en cualquier lugar de la República, sólo corresponderá hacerla al Ejecutivo, oyendo á la Junta Superior de Sanidad.

Art. 514. Las juntas locales de sanidad de los demás ayuntamientos emplearán el mayor celo en vigilar las comunicaciones con el distrito en que se desarrolla la epidemia, desinfectando todo lo que de allí proceda y ejerciendo severa inspección sobre las personas también procedentes del lugar infectado, durante un plazo igual al período de incubación de la enfermedad.

Si hubiere necesidad de tomar medidas más rigurosas respecto á las comunicaciones, se someterá el punto á la Junta Superior de Sanidad.

Art. 515. En época de epidemia, la junta local de sanidad dispondrá la desinfección de todos los locales en que haya existido algún caso de la enfermedad; y en cualquier otro tiempo, dispondrá la desinfección respecto de las enfermedades transmisibles más importantes, cuando no se pueda realizar en todas; siendo aplicable esto último, en tiempo de epidemia, á las demás enfermedades que no constituyan el peligro inmediato.

Art. 516. La desinfección se hará exclusivamente á los objetos situados en las habitaciones de los enfermos y á todo cuanto hubiere estado expuesto al contagio, así como los libros y útiles que los niños han de llevar después á la escuela.

ART. 517. Queda prohibido conducir á los trenes de lavado ropas de vestir ó de casa de los enfermos de enfermedad transmisible que no hayan sido desinfectadas y obtenido licencia del jefe de sanidad para su extracción de la casa. Igual prohibición se establece para los muebles, útiles, objetos, etc., de una casa infectada.

ART. 518. Será obligatorio para el propietario de la casa cuando haya ocurrido algún caso de enfermedad transmisible, ejecutar en el plazo que se señale por la junta de sanidad las obras ó medidas que fueren necesarias, á juicio de la misma, para que desaparezcan las causas de insalubridad que presente la finca.

ART. 519. La junta de sanidad podrá disponer el desalojamiento inmediato de una casa que sea un foco de epidemia ó de amenaza grave á la salud pública, la que no será habitada de nuevo hasta que no haya desaparecido de ella todo peligro de infección.

ART. 520. Queda prohibido el propalar, sin fundamento alguno de veracidad, noticias ó rumores con respecto á la existencia de enfermedad epidémica en una ó varias localidades de la República.

ART. 521. Las medidas que se dicten fundadas en los preceptos del presente capítulo serán desde luego ejecutivas: y si contra las mismas se interpusiesen por los interesados recursos de alzada, se cursarán éstos sin suspender la ejecución de aquéllas.

CAPÍTULO XXII.

INHUMACIONES, CEMENTERIOS, AGENCIAS FÚNEBRES Y EXHUMACIONES.

ART. 522. Las inhumaciones se harán sólo previa orden escrita del juzgado respectivo, el cual exigirá la presentación de la certificación facultativa de defunción.

ART. 523. Las certificaciones de defunción serán extendidas por duplicado y ajustadas á las instrucciones contenidas en las planillas impresas, conforme á un modelo uniforme, distribuidas gratuitamente por la Junta Superior de Sanidad entre todos los médicos en ejercicio. Es obligatorio el uso de la Nomenclatura internacional de Bertillon. El juzgado municipal respectivo conservará una de las certificaciones y remitirá la otra al Jefe Superior de Sanidad, en un término que no exceda de cinco días.

ART. 524. Tan pronto como un cadáver presente signos de descomposición, deberá ser encerrado en su ataúd.

ART. 525. Los cadáveres de los que fallecieren á consecuencia de enfermedades transmisibles, se mantendrán envueltos en sábanas humedecidas en los líquidos antisépticos indicados por la junta de sanidad y encerrados en sus ataúdes en el más breve plazo posible.

ART. 526. Queda prohibido la reunión de personas en cualquier casa donde hubiere algún fallecido á consecuencia de enfermedad transmisible, y una vez extraído el cadáver de la casa, hasta que no se verifique la desinfección.

ART. 527. Los cadáveres serán conducidos al cementerio ó al depósito precisamente en ataúdes bien ajustados en sus uniones, sin grietas ni intersticios, de modo que no permitan el escape de gases ó líquidos, y transportados por personas ó en carros especiales, y no se permitirá usar para el objeto ninguna otra clase de vehículos, á menos que lo exija la necesidad y lo autorice el jefe local de sanidad.

Para los cadáveres que se sepulten en la tierra, en campo común, los ataúdes serán de madera ligera y paredes delgadas á fin de facilitar la destrucción orgánica.

ART. 528. Los cadáveres de fallecidos de enfermedades transmisibles no serán conducidos á mano ó en hombros al cementerio, á menos que por motivos ineludibles en localidades muy apartadas no sea posible evitarlo. No será permitido tampoco llevarlos á las iglesias ú otro lugar púplico, ni que figuren niños en el acompañamiento. Si el caso fuere de enfermedad cuarentenable no se consentirán otros acompañantes que las personas indispensables para la conducción.

ART. 529. Queda prohibido transportar cadáveres en ataúdes abiertos, aunque sean conducidos en carros con cristales.

ART. 530. La inhumación se verificará entre las veinticuatro y treinta horas después de ocurrido el fallecimiento y cuando el cadáver presente señales de putrefacción, á menos que sea éste propiamente embalsamado y se obtenga permiso por escrito del jefe local de sanidad para dilatar el sepelio ó la translación al depósito del cementerio sólo por varias horas más y consignándose este término en el permiso.

Quedan exceptuados de esta disposición, los cadáveres detenidos en el necrocomio ú otro lugar por mandamiento judicial, observándose siempre las debidas precauciones sanitarias que no entorpezcan la acción del juzgado.

ART. 531. Los cadáveres de los fallecidos por viruelas, difteria ó crup, escarlatina, tifus exantemático, peste bubónica, cólera asiático y lepra, serán conducidos al cemeterio antes de las doce horas de haber ocurrido el fallecimien to, á menos que el cadáver sea propiamente embalsamado y se obtenga permiso por escrito del jefe local de sanidad para dilatar el sepelio

ó la traslación al depósito del cementerio por varias horas más, consignándose este término en el permiso.

Art. 532. Queda prohibido sepultar cadáver alguno dentro de las poblaciones y fuera de los cementerios autorizados por la ley. De la infracción de esta regla serán responsables no sólo todos los que intervengan en el enterramiento, sino los que lo presencien sin dar parte en seguida á las autoridades.

Art. 533. Los cadáveres de los que fallezcan en los hospitales, quintas de salud, lazaretos, etc. de tifus exantemático, viruela, escarlatina, difteria, cólera asiático, peste y lepra, serán directamente trasladados al cementerio.

Art. 534. Queda prohibido utilizar un mismo ataúd para más de un cadáver. Se exceptúan los ataúdes de los hospitales, y anfiteatros anatómicos, siempre que sean cajas metálicas desinfectadas esmeradamente cada vez que se usen.

Art. 535. No será permitido el uso de ningún refrigerador de cadáveres cuyo modelo no sea aprobado por la junta de sanidad.

Art. 536. Queda prohibido el uso de toda clase de cortinas, colgaduras y alfombras en las habitaciones particulares ó en las cámaras en que se expongan los cadáveres.

Art. 537. La construcción de nuevos cementerios se ajustará á las siguientes reglas:

1°. No se construirá ningún nuevo cementerio á distancia menor de 1,000 metros del perímetro de toda población de importancia; de 500 metros, del de los pueblos menores; y de 200 de los caseríos aislados, carreteras ó paseos, debiendo tenerse además en cuenta el ensanche probable de la población, pueblo ó caserío hacia la parte en que esté situado el cementerio.

2°. No se permitirá la construcción de ningún cementerio á distancia menor de 200 metros de manantiales, pozos, aljibes, fuentes y cañerías que contengan ó conduzcan aguas potables.

3°. Para establecer un nuevo cementerio deberá escogerse un terreno elevado, de ligero declive y situado á sotavento de la población, que permita cavar fácilmente fosas de 2 metros de profundidad, y que sea permeable al aire y al agua, para los fines de la destrucción orgánica.

4°. La extensión superficial del terreno ha de estar en proporción con el número de habitantes de la localidad, su probable crecimiento, su mortalidad y el término de renovación de las sepulturas dentro de cinco años, por lo menos, calculando 3 metros cuadrados por cadáver, y teniéndose en cuenta, asimismo, el espacio necesario para vías, construcciones, depósitos, monumentos, parques, arbolado, etc.

5°. Todo el terreno del cementerio ha de estar perfectamente protegido por un cerco de reja metálica, de mampostería y reja, ó de mampostería sola, de 2 metros de altura á lo más, á fin de no impedir la libre circulación del aire, ni la acción del sol en parte alguna.

6° No se permitirá la construcción de nichos; el suelo de las bóvedas ó pantanos será de tierra y enteramente permeable.

7°. En todo cementerio ha de existir una sala especial para el depósito de cadáveres, y otra para la práctica de autopsias, propiemente provista de agua, mesas, lavabos, etc.

8°. Los demás requisitos higiénicos á que debe ajustarse el régimen interior de los cementerios se especificarán en sus respectivos reglamentos.

La ampliación ó reforma de los cementerios existentes actualmente se ajustará, en lo que les sea aplicable, á las prescripciones anteriores.

Para las condiciones de los cementerios rurales, cuyo establecimiento se conceda en las fincas ó fábricas muy distantes de cementerio público, se consultará á la junta local de sanidad, y ésta á la superior.

Art. 538. En los reglamentos respectivos de los cementerios se consignarán, además, las condiciones siguientes:

1°. Dimensiones y separación mínima de las fosas, que serán como sigue: Profundidad para todas las fosas, 2 metros; longitud, para cadáveres de adultos, 2 metros; anchura, 85 centímetros; separación en todos sentidos, 40 centímetros. Para los cadáveres de niños, las dimensiones de longitud y anchura podrán reducirse proporcionalmente á la edad del sujeto.

2°. Espesor de 1.50 metros, por lo menos, de la capa de tierra bien comprimida que cubre al cadáver, habiéndosele antes cubierto al colocarlo en la fosa de otra capa de cal de 2 á 3 centímetros.

3°. Prohibición de los enterramientos en zanjas, destinándose al efecto una fosa para cada cadáver.

4°. Condición previa de consultar á la junta local de sanidad para la apertura y remoción de sepulturas, nichos y panteones, el acumulo de restos en osario, mondas ó limpias parciales ó totales de cementerios clausurados y traslación de los restos existentes en los mismos á otros cementerios.

5°. Aprobación del reglamento por la Junta Superior de Sanidad, previo informe de la junta local del municipio respectivo.

Art. 539. Todo cementerio tendrá en sitio apartado un local apropósito para quemar los féretros, mortajas, ropas y otros objetos que se recojan de las exhumaciones.

Art. 540. No se permitirá vender ni conservar en lugar alguno de los cementerios, bebidas, dulces, confituras ú otros comestibles.

Art. 541. Los empresarios de pompas fúnebres desinfectarán en el mismo cementerio, cada vez que sean usados, por el procedimiento que les señale la junta de sanidad, los carros mortuorios que hayan conducido cadáveres de enfermos de tifus exantemático, fiebre tifoidea, viruelas, sarampión, escarlatina, difteria y crup, cólera asiático, peste, lepra, erisipela, fiebre puerperal, tuberculosis y muermo.

Art. 542. Igualmente serán desinfectados por sus dueños, en el cementerio, los carruajes particulares que por algún motivo inexcusable se utilicen para conducir cadáveres de fallecidos por cualquier a causa.

Art. 543. Todo dueño de agencia funeraria, enterrador ó encargado de pompas fúnebres, está obligado á consignar su firma, nombres y residencia suya y de su establecimiento, en un registro que llevará la junta de sanidad.

Art. 544. Todo el que en lo sucesivo quiera establecer una agencia funeraria, ó ejercer las funciones de enterrador, tendrá que proveerse de una licencia, la junta de sanidad expedirá dicha licencia si el candidato demuestra competencia práctica de la desinfección en general y de la manipulación de cadáveres de enfermedades transmisibles en particular.

Art. 545. Todo dueño de agencia funeraria, enterrador ó encargado de funerales, enviará cada lunes á la oficina de sanidad un estado semanal detallado de los entierros que haya efectuado.

Art. 546. No será permitido verificar ninguna exhumación hasta dos años después del enterramiento, á menos que sea dispuesta por orden judicial ó haya sido embalsamado al cadáver.

Art. 547. No se permitirá ninguna exhumación sin informe de la junta local de sanidad, en que se consigne que no existe peligro para la salud pública.

Art. 548. Toda exhumación será presenciada por un médico delegado de la junta local de sanidad, el que tomará las mayores precauciones para evitar que la operación resulte perjudicial á la salud, disponiendo los elementos necesarios para desinfectar la fosa, el ataúd y el cadáver ó los restos.

Art. 549. No será permitida la exhumación de cadáveres de fallecidos de peste bubónica, cólera asiático, tifus exantemático, difteria, viruelas, escarlatina, lepra y muermo sin que hayan transcurrido cinco años, por lo menos, de la inhumación y obtenido autorización previa de la junta local de sanidad.

Capítulo XXIII.

AUTOPSIAS, EMBALSAMAMIENTOS, ETC.

Art. 550. No se permite ejecutar fuera de los hospitales, necrocomios, cementerios, escuelas de medicinas y cirugía, autopsia alguna ó apertura de cadáveres, hasta después de haber transcurrido doce horas desde que ocurrió la defunción. Tampoco, es lícito, hasta cumplirse el mismo plazo, hacer operación alguna de embalsamamiento, momificación, petrificación ú otra cualquiera que tenga por objeto dar una larga conservación á los cadáveres, si para ello se requiere atacar la integridad de los tejidos orgánicos ó de los humores. Queda prohibido asimismo, durante el propio tiempo, y sin la previa autorización del jefe de sanidad, modelar el rostro, cuello ó torso de los cadáveres por medio de yeso ú otra materia, lo cual no se permitirá nunca en los fallecidos de viruelas, sarampión, escarlatina, peste y lepra.

Art. 551. Para proceder á cualquiera de estas operaciones se requiere: (a) Que no haya oposición por parte de la familia del difunto; (b) el certificado de defunción ajustado al modelo corriente; (c) la asistencia al acto del jefe de sanidad ó de un médico delegado del mismo, quien comprobará la defunción y autorizará el embalsamamiento; (d) para las autopsias no se requiere la presencia de este funcionario.

Art. 552. La junta de sanidad tiene el derecho de disponer la práctica de alguna de estas operaciones cuando lo exija el interés de la salud pública.

Art. 553. Tanto las auptosias como todas las operaciones dirigidas á conservar los cadáveres, se ejecutarán exclusivamente por profesores de medicina y cirugía.

Art. 554. Se levantará un acta subscripta por el jefe de sanidad ó delegado médico de éste, ó por el profesor ó profesores que hayan ejecutado el embalsamamiento ú operación destinada á conservar al cadáver y por dos testigos, en la cual habrá de consignarse sobre lo mencionado en el certificado de defunción, la hora en que se ha operado, el procedimiento seguido para el embalsamamiento, momificación, etc., y la composición de los líquidos inyectados en el cadáver ó empleados de cualquier otro modo para conservarlo.

Art. 555. El certificado de defunción y el acta á que se refiere el artículo anterior serán remitidos por el jefe local de sanidad á la Junta Superior de Sanidad, donde se archivará.

ART. 556. El tiempo de depósito ó permanencia de los cadáveres embalsamados, ya sean en las casas mortuorias, ya en las iglesias, no podrá exceder de veinticuatro horas después de lembalsamamiento sin permiso especial del jefe de sanidad, durante las cuales, y por si el estado del cadáver exigiera acortar el plazo, quedará bajo la vigilancia del médico delegado que asistió á la operación.

ART. 557. Las disposiciones anteriores podrán suspenderse ó modificarse en todo ó en parte por las autoridades sanitarias en los casos de epidemia.

CAPÍTULO XXIV.

TRANSPORTE DE CADÁVERES.

ART. 558. Queda prohibido el transporte de cadáveres de fallecidos de viruela y de peste bubónica, de uno á otro pueblo, municipio ó provincia de la República.

ART. 559. Sólo se permitirá el transporte de cadáveres de fallecidos de fiebre tifoidea, tuberculosis, cólera asiático, fiebre amarilla, tifus exantemático, difteria y crup, escarlatina, sarampión, erisipela, fiebre puerperal, muermo, antrax y lepra, cuando hayan sido acondicionados para el embarque y debidamente desinfectados de la manera siguiente: (*a*) Inyección forzada arterial y cavitaria con un líquido antiséptico de reconocida eficacia; (*b*) desinfección y taponamiento de todos los orificios con algodón absorbente; y (*c*) lavado de todo el exterior del cuerpo con el líquido antiséptico. Estas operaciones serán practicadas por un médico y con autorización del jefe local de sanidad.

ART. 560. Desinfectado el cadáver en la forma descripta, se le envolverá primero con una capa de algodón de 3 centímetros, por lo menos, de espesor, y después con una sábana perfectamente ajustada, y se le colocará en ataúd de zinc, estaño, cobre ó hierro, ó revestido interiormente de plomo, bien soldadas las uniones, cerrado herméticamente y colocado todo á su vez en una caja de madera sólida y bien tapada.

ART. 561. Los cadáveres de fallecidos por otras enfermedades distintas de las mencionadas en los artículos anteriores podrán ser transportados á localidades donde puedan llegar dentro de treinta horas después de la muerte, colocados en ataúdes metálicos ó revestidos interiormente de metal, herméticamente cerrados, y estos á su vez envasados en otras cajas sólidas de madera bien tapadas. Si el lugar de su destino estuviere á mayor distancia, se exigirán los requisitos señalados en las reglas anteriores.

ART. 562. No se permitirá que acompañen en el transporte de los cadáveres de fallecidos de las enfermedades citadas en el artículo 559 personas ú objetos que hayan estado expuestos al contagio, sino mediante certificado del jefe de sanidad que acredite haber sido debidamente desinfectados.

Los jefes de estación de las empresas ferrocarrileras, líneas de vapores, etc., examinarán cuidadosamente el permiso de traslación del cadáver en que conste el nombre del encargado de dicha traslación y demás acompañantes autorizados por la sanidad, y cuidarán de la observancia de esta regla al hacer el despacho del cadáver y de las boletas para las personas y objetos que vayan con el mismo.

ART. 563. El jefe local de sanidad dará aviso oportunamente por telégrafo al jefe de sanidad del lugar á que va destinado el cadáver, expresando la enfermedad, día, hora, tren ó vapor en que sale y estación ó muelle á que llegará.

ART. 564. Todo cadáver que se transporte irá á cargo de una persona provista de un permiso del jefe local de sanidad y de un certificado de éste en que se consignen los datos de la certificación facultativa de defunción expedida por el médico de asistencia, á saber: Nombre del fallecido, fecha y hora de la muerte, edad, lugar donde falleció, causa de la muerte y demás detalles exigidos en el modelo de certificación de la Junta Superior de Sanidad. En el permiso concedido por el jefe local de sanidad se expresará también si la enfermedad es ó no transmisible, la localidad á donde se destina el cadáver y los nombres de los acompañantes autorizados para el acompañamiento si la causa de la muerte ha sido alguna de las referidas en el artículo.

ART. 565. También se exigirá el certificado del médico embalsamador acerca de la forma en que ha sido acondicionado el cadáver para su transporte. Un duplicado ó copia de este certificado se fijará en la parte exterior de la caja.

ART. 566. El permiso de remisión se expedirá por duplicado, firmados ambos por el médico de asistencia, el jefe local de sanidad y el médico embalsamador, entregándose uno al encargado del cadáver y el otro se remitirá al Jefe Superior de Sanidad.

ART. 567. La caja exterior tendrá cuatro agarraderas, por lo menos.

ART. 568. Para el transporte de cadáveres por expreso, se exigirán los mismos requisitos expresados en los artículos 559, 560, 561, 563, 564, 566, y 567 y el expreso remitirá á su agente en el lugar á que va destinado el cadáver los documentos de referencia, y el duplicado de los mismos á la Junta Superior de Sanidad.

ART. 569. Todo cadáver exhumado, cualquiera que haya sido la enfermedad causante de la muerte, se considerará como infectante y peligroso á la salud pública. Para conceder

su traslación se requerirá: Autorización de la Junta Superior de Sanidad ó informes favorables de la junta local de sanidad del propio municipio y de aquél á donde será trasladado el cadáver.

Estos cadáveres, sus restos ó las cajas que los contengan, serán envueltos con una frazada de lana saturada en una solución de bicloruro de hidrargirio al 1 por 1,000 y encerrado todo en una caja metálica herméticamente soldada.

ART. 570. Los cadáveres embalsamados y acondicionados como se ha indicado ya, y depositados provisionalmente en bóvedas, no se considerarán como exhumados si el transporte se efectúa dentro del término de treinta días después de la muerte, y no será necesario obtener permiso previo del jefe de sanidad del lugar á que se remiten.

Pasados treinta días de ocurrida la muerte, el féretro será colocado en otra caja soldada herméticamente.

CAPÍTULO XXV.

BARBERÍAS Y PELUQUERÍAS.

ART. 571. Los instrumentos metálicos de barbería y peluquería que se utilicen en el servicio público, como navajas, peines, tijeras y maquinillas, así como las brochas, con excepción de los de uso particular, después de haberse usado en cada cliente, se sumergirán por espacio de cinco minutos en un recipiente metálico que contenga agua caliente renovada en cada caso, á la que se agregará antes un trozo de jabón ó bien carbonato de soda en la proporción de 50 gramos por litro de agua. Esta solución no perjudica al temple ni al filo de los instrumentos. Dichos útiles podrían también ser desinfectados sometiéndolos á la acción de los vapores de formol durante quince minutos en un aparato adecuado.

ART. 572. Sólo se emplearán peines metálicos y navajas de mango de metal, á fin de que puedan ser debidamente desinfectados.

ART. 573. Se prohibe pasar por los asentadores las navajas que no hayan sido previamente desinfectadas, así como el limpiar éstas cuando se preste servicio al cliente, con otro papel que no sea uno especial destinado al objeto, ó en un utensilio de goma que se desinfectará como los demás instrumentos.

ART. 574. Se prohibe el uso de esponjas, los cepillos de cara, y las motas, pudiéndose substituirlos con un poco de algodón renovado para cada servicio ó con un insuflador las motas. El alumbre ú otro astringente que se emplee para la cara, sólo se permitirá en forma pulverulenta ó en disolución.

ART. 575. En las partes del sillón en que se apoya la cabeza, se colocará una toalla ó un papel apropiado que se cambiará en cada servicio.

ART. 576. Los barberos y peluqueros se lavarán las manos con cepillo y jabón inmediatamente antes de atender á cada cliente; y los peinadores, toallas, paños, etc., se emplearán limpios y renovados para cada persona.

ART. 577. Queda prohibido el desempeño de su oficio á los barberos y peluqueros afectados de alguna enfermedad transmisible, así como prestar servicio en el establecimiento á clientes enfermos de las mismas que no lleven sus propios utensilios, pudiendo en algunos casos negarse á admitirlos, sobre todo á los que presenten manifestaciones cutáneas.

ART. 578. Se lavará diariamente el piso del establecimiento, se barrerá el pelo esparcido por el suelo con un lienzo húmedo, y se mantendrán el salón, los lavatorios, muebles, escupideras, etc., en completo estado de limpieza.

ART. 579. Es obligatorio para las barberías y peluquerías tener colocado en sitio visible del establecimiento un ejemplar de los artículos de estas ordenanzas en lo que les atañe y que proporcionará la junta local de sanidad.

CAPÍTULO XXVI.

BAÑOS PÚBLICOS.

ART. 580. Para abrir un establecimiento de baños al servicio público, sea de agua dulce ó de mar, se requerirá informe previo favorable de la junta local de sanidad, con vista del plano y memoria descriptiva del proyecto, aplicación que ha de darse al establecimiento duración de la temporada, procedencia del agua que se utilice, desagües y cuantos más datos sean necesarios al efecto.

Los baños minero-medicinales se regirán por un reglamanto especial.

ART. 581. Todo establecimiento de baños deberá estar provisto de inodoros y urinarios con relación á su importancia.

Los servicios sanitarios de los establecimientos destinados á baños de mar estarán acometidos á fosas cementadas é impermeables, á no ser que la alcantarilla á que pudieran acometerles, desagüase en el mar á más de 200 metros del sitio destinado, á los baños.

ART. 582. Las bañeras serán de mármol, ó porcelana, ó hierro esmaltado, y acometidas directamente á la tubería ó atarjea de desagüe.

ART. 583. Los pisos se mantendrán en el mejor estado y se secarán antes de dar entrada en el cuarto del baño á otra persona.

ART. 584. Los cuartos de baños estarán provistos de ventanas altas que faciliten directamente la luz y la ventilación necesarias, así como de timbres de llamada y de puertas que puedan ser abiertas fácilmente por los bañeros en casos de accidentes.

ART. 585. En las piscinas ó baños de natación, se colocarán cuerdas, cables, etc., para la debida seguridad de los bañistas, estarán dotadas del agua necesaria renovada constantemente, y no se permitirá bañarse en ellos á niños menores de 10 años que no estén acompañados de persona que cuide de ellos.

El agua ya servida de las piscinas, pocetas, bañeras, etc., no podrá ser utilizada para baños de ninguna otra persona.

ART. 586. Las ropas, toallas, paños, etc., que se empleen para el servicio de los bañistas estarán bien limpias, y renovadas para cada persona, y serán desinfectadas cuando lo disponga el jefe local de sanidad.

ART. 587. Los establecimientos de baños de uso terapéutico tendrán á su frente un médico director.

ART. 588. No serán admitidos en los establecimientos de baños personas atacadas de enfermedad transmisible, y en caso de infracción de este artículo se practicará la desinfección de la casa sin perjuicio de la penalidad consiguiente.

ART. 589. En los establecimientos de baños, no será permitida la residencia de familias ni el inquilinato de habitaciones, sin autorización especial para ello y por escrito de la junta local de sanidad.

ART. 590. Un ejemplar de este capítulo, impreso por la junta local de sanidad, se colocará en parte visible del establecimiento para conocimiento general.

CAPÍTULO XXVII.

ASUNTOS VARIOS.

ART. 591. Los dueños de terrenos y solares yermos que estén urbanizados tendrán la obligación de conservarlos limpios y libres de excavaciones, evitando que se depositen en ellos basuras ni ningún otro material nocivo á la salud ó que constituya peligro para los transeuntes.

Se prohibe depositar ó esparcir en los patios de las casas y solares yermos de las poblaciones basuras ó materias orgánicas para el abono de las siembras que se afectúen en ellos.

La roturación de tierras y las siembras en los patios de las casas y solares yermos de los poblados podrán permitirse, á los efectos de la sanidad, siempre que como abono no se empleen basuras é inmundicias.

ART. 592. Se prohibe escupir ó expectorar en las aceras, ó en los pisos de los parques, plazas, edificios públicos, ferrocarriles, tranvías, ómnibus, vapores, carruajes de alquiler, etc.

Se prohibe igualmente escupir ó expectorar en el suelo ó en las paredes de cualquier lugar donde sea obligatorio tener escupideras.

ART. 593. Todos los establecimientos mercantiles, fábricas, hospitales, asilos, iglesias, escuelas, prisiones, oficinas públicas y privadas, cafés, casas públicas, etc., estarán propiamente dotados de escupideras, según el sistema y número dispuesto por la junta local de sanidad.

ART. 594. En todos los lugares citados en los dos artículos precedentes se tendrán avisos en sitios visibles prohibiendo escupir en el suelo.

ART. 595. La policía y los dueños, encargados ó empleados respectivos, llamarán en el acto la atención de los infractores de la prohibición de escupir en el suelo, y si no obedecieren darán el parte correspondiente al jefe local de sanidad, con el nombre y dirección del infractor.

ART. 596. Todas las escupideras se limpiarán diariamente y se tendrán con alguna cantidad de agua ó mejor aun de solución antiséptica. En los lugares públicos que indique la junta local de sanidad las escupideras se tendrán en alto, en aros fijos en la pared.

ART. 597. Los cafés y demás establecimientos análogos harán uso para fregar, solamente de aguas limpias, mantendrán secos los pisos y estarán siempre en condiciones de completa limpieza.

ART. 598. Queda prohibido en los días que no sean de lluvia tener cubiertos de serrín, total ó parcialmente, los pisos de los cafés, cantinas, fondas, restaurants y otros establecimientos públicos.

ART. 599. Los pisos de los establecimientos públicos serán baldeados y fregados diariamente.

ART. 600. En los días de lluvia y mientras haya lodo en las calles están obligados los establecimientos públicos á tener colocadas en las puertas de entrada esteras de esparto, goma ó alambre, para el uso de los concurrentes y evitar la suciedad del piso.

Art. 601. Los puestos de frutas estarán dotados de recipientes impermeables, con sus tapas correspondientes, para cáscaras y residuos; no se expenderán en ellos frutas podridas y se conservarán en completo aseo.

Art. 602. Los vehículos de todas clases estarán perfectamente limpios y serán desinfectados cada vez que se le disponga por el jefe local de sanidad.

Art. 603. Queda prohibida la venta de ropa de vestir, ó de cama, y de muebles, alfombras, cortinajes, tapicerías y otros objetos usados, procedentes de casas donde existan ó haya existido algún sujeto atacado de enfermedad transmisible, sin que dichos objetos sean desinfectados por la sanidad antes de extraerse de la casa. Tanto el vendedor como el comprador, según los casos, serán responsables de la infracción de este artículo. La desinfección se llevará á cabo con los menores perjuicios, siempre que sea posible, al comercio y á los particulares.

Los dueños de casas de empeño, rastros, etc., darán aviso al jefe local de sanidad al ir á efectuar alguna compra en una casa donde haya existido recientemente un enfermo.

Art. 604. La ropa usada puesta á la venta en tiempo que no exista epidemia alguna en la población, será convenientemente desinfectada. En tiempo de epidemia, quedan prohibidas estas ventas.

Art. 605. No se permitirá el comercio de trapos que no hayan sido desinfectadso.

Los depósitos de trapos y otras materias que puedan dar lugar á la formación de focos infecciosos estarán situados fuera de la población y requerirán permiso previo de la junta de sanidad.

Art. 606. Los sueros y vacunas curativos y preventivos, nacionales ó extranjeros, tanto para enfermedades del hombre como de los animales, sólo podrán expenderse si proceden de laboratorios aceptados por la secretaría de gobernación, previo informe de la Junta Superior de Sanidad, y bajo la responsabilidad, con respecto á la procedencia, identidad ó pureza, de dichos sueros ó vacunas, del dueño ó encargado del laboratorio, que será precisamente un médico, un farmacéutico ó un veterinario.

Art. 607. Los sueros y vacunas se expenderán en sus envases de origen con rótulo en que se consigne el laboratorio, dirección de éste, fecha de la preparación, y una instrucción para su empleo, en que se exprese su valor medido por una escala generalmente admitida.

Art. 608. Se prohibe en los laboratorios, á no ser mediante una autorización especial y por escrito de la Junta Superior de Sanidad, el cultivo de gérmenes de enfermedades cuarentenables agudas, mientras dichas enfermedades no se presenten en el país.

Art. 609. Todos los laboratorios públicos y sus productos quedan sujetos á la inspección de la junta local de sanidad.

Art. 610. Todo el que ejerza la medicina, la cirugía, la farmacia, la veterinaria, la obstetricia ó el arte del dentista, en todas ó algunas de sus ramas, quedan obligado á registrar su nombre, firma y dirección, en la oficina de la junta local de sanidad.

Art. 611. Todo el que ejerza la medicina y cirugía en cualquiera de las ramas mencionadas en el artículo anterior está en el deber de acudir al llamamiento del jefe local de sanidad para cualquier asunto del servicio relacionado con la salud pública.

Art. 612. Los plomeros ó instaladores que se establezcan en lo sucesivo, habrán de obtener licencia de la junta local de sanidad, ajustarse á un reglamento especial que se publicará oficialmente, é inscribirse en el registro que se llevará al efecto en la junta local de sanidad.

Art. 613. Todo el que preste en un parto asistencia médica, ó practique la cura del cordón umbilical del recién nacido, sin las debidas precauciones de asepsia, incurrirá en responsabilidad.

Art. 614. Será obligatorio para los ayuntamientos tener en depósito en las farmacias ú otros lugares que designen, paquetes asépticos para la cura del ombligo de los recién nacidos y proporcionarlos gratuitamente á los que los soliciten, acreditando su destino.

Art. 615. El profesional que haga alteraciones deliberadas en el diagnóstico ó en el certificado de defunción, ó proporcione de intento datos falsos á la junta local de sanidad, para la ocultación de alguna enfermedad en un caso presente, curado ya ó fallecido, incurrirá en la responsabilidad consiguiente.

Incurrirán en responsabilidad los que deliberadamente oculten hechos, ó proporcionen datos falsos, á la junta local de sanidad, que se relacionen con la salud pública.

Art. 616. Se prohibe tener en las casas y otros lugares de la población pozos, aljibes, etc., que no estén debidamente tapados á prueba de mosquito y constituyan un peligro.

Art. 617. Se prohibe tener en la población aves ú otros animales perjudiciales á la salud ó que con sus ruidos ó malos olores perturben la tranquilidad y reposo de los vecinos.

Art. 618. En las iglesias y capillas públicas, además de las prescripciones sanitarias generales, se observarán las especiales siguientes: 1°, Se colocarán escupideras con solución antiséptica, del modelo y en el número que señale la junta local de sanidad según la importancia del templo, y que se lavarán diariamente; 2°, á los confesionarios se les pondrá rejillas laterales de metal, que se lavarán con frecuencia; 3°, los pisos se mantendrán en

perfecto estado de aseo baldeándolos á menudo, y además después de la celebración de cada fiesta; 4°, se cambiará diariamente el agua bendita de las pilas y se desinfectarán éstas con agua hirviendo ú otro desinfectante, y 5°, en la parte exterior de las mamparas se fijarán carteles ó avisos de la junta local de sanidad prohibiendo escupir en el suelo.

ART. 619. En las huertas ó sembrados queda prohibido conservar pozos ó excavaciones con materias excrementicias ó en putrefacción, así como regar hortalizas ó siembras con estas materias.

ART. 620. Antes de la aprobación por los ayuntamientos de todas las obras públicas que se relacionen con la sanidad é higiene, como la provisión de aguas potables, construcción de mataderos, mercados, basureros, cementerios, alcantarillados, etc., deberán ser oídas las juntas locales de sanidad respectivas, y sometidas por éstas su informe á la aprobación de la superior del ramo.

ART. 621. Las juntas locales de sanidad dictarán las órdenes encaminadas á la desecación de pantanos, lagunatos, charcas, etc., y, á no ser posible aquélla, hacer que periodicamente se vierta en ellos la cantidad de petróleo crudo que se estime conveniente para la extirpación de las larvas de mosquito.

Pondrán los medios para hacer desaparecer también las demás causas que contribuyan á la propagación del paludismo.

ART. 622. Cada ayuntamiento quedará obligado á expedir las licencias para las obras de órdenes sanitarias que lo requieran en un término no mayor de treinta días, salvo que, por razones determinadas, se le comuniquen éstas á la junta de sanidad antes de que expire dicho plazo, y á participar á la misma la concesión de cada licencia tan pronto como haya sido expedida.

En los casos desfavorables á la concesiòn de la licencia, el ayuntamiento presentará sus reparos á la junta de sanidad, dentro del término de diez días.

Si la obra fuere de reconocida urgencia, el ayuntamiento hará la concesión de la licencia en el plazo que le proponga la junta de sanidad.

ART. 623. Se prohibe el oponerse, ó presentar dificultades ú obstrucciones á las visitas de inspección, durante las horas hábiles del día, del jefe de sanidad ó de los inspectores de la junta de sanidad, debidamente acreditados.

Los agentes de la policía auxiliarán á los inspectores cuando soliciten su auxilio en casos de necesidad.

PARTE TERCERA.

INFRACCIONES Y PENALIDADES.

ART. 624. Las infracciones de las reglas establecidas por las ordenanzas sanitarias que el código penal no defina como delitos, constituyen faltas contra la salud pública y de unos y otros se dará cuenta al juzgado competente para su persecución y castigo.

ART. 625. Todo el que cometa una falta por infacción de dichas ordenanzas ó no dé cumplimiento à las òrdenes del jefe de sanidad será penado conforme á lo estatuido en el segundo extremo del apartado (e) de la sección 3 de la orden civil N. 159, serie de 1902, con una multa de $10 à $100, moneda oficial, y arresto de diez à treinta días, ó solamente con multa ó con arresto, á juicio del juez competente para conocer de la falta, con vista de las diligencias remitidas por el jefe de sanidad, de las pruebas que se aduzcan y de la acusación sostenida en el juicio, la cual señalará determinadamente el artículo ó artículos de las ordenanzas que hayan sido infringidos, exponiendo además las otras circunstancias que ilustren debidamente el caso.

ART. 626. El jefe de sanidad ó un funcionario de sanidad en delegación de aquél será el encargado de sostener la acusación en el juicio correspondiente.

Los informes escritos de los inspectores de sanidad formarán parte de la prueba y serán apreciados por el juez conforme á las reglas de la sana crítica.

ART. 627. El pago de la multa y la extinción del arresto, no eximirán al infractor de la ejecución de la obra ó medida sanitaria, ó del cumplimiento de la orden dictada por el jefe de sanidad. La reincidencia después del cumplimiento de la pena se considerará circunstancia agravante.

ART. 628. Cuando alguna corporación oficial, autoridad, funcionario público, junta ó jefe local de sanidad, se negare á dar cumplimiento á lo preceptuado en la orden No. 159, serie de 1902, en este reglamento, en las ordenanzas sanitarias ó en otras disposiciones sanitarias aprobadas por el Ejecutivo, así como á las de urgencia en casos excepcionales y de epidemias que dicte la Junta Superior de Sanidad, y cuya observancia competa, por razónde su cargo, á alguna de las corporaciones ó autoridades referidas, el Jefe Superior de Sanidad acudirá al secretario de gobernación en demanda de que sea cumplido lo dispuesto y se imponga la sanción establecida en las leyes.

ART. 629. Las faltas en que incurran los inspectores de sanidad por infracción de los preceptos contenidos en este reglamento y en los artículos de estas ordenanzas, cuya observancia les concierne directamente por razón de su cargo, serán penados por el jefe de sanidad

con amonestación, suspensión de empleo y sueldo de un á treinta días, ó destitución con la consulta de la Junta Superior del ramo. Si la infracción fuere constitutiva de delito, se pasará el tanto de culpa á los tribunales de justicia.

Art. 630. Serán circunstancias agravantes para la sanción penal la premeditación y la ocultación de la falta y la reincidencia.

Art. 631. Las faltas se clasificarán en leves y graves, conforme á un importancia con respecto á la salud pública.

Art. 632. Serán consideradas siempre como faltas graves: (a) Las infracciones cometi das por los funcionarios ó delegados de sanidad por negligencia ó mala fe en ejercicio de su cargo, si el hecho no constituye delito; (b) la ocultación de los casos de enfermedades de declaración obligatoria por lo que están en el deber de declararlas; (c) la demora injustificada en no haber hecho esta declaración; (d) la omisión de las medidas de desinfección en los casos que correspondan; (e) el ingreso en algún establecimiento de enseñanza ó de beneficencia de sujetos que estén enfermos ó convalecientes de alguna enfermedad transmisible; (f) la negativa, falseamiento ó inexactitud notoriamente intencional de noticias ó datos pedidos por el jefe de sanidad á los directores ó jefes de los establecimientos de enseñanza y beneficencia relativos á la higiene de éstos ó la salud de los alumnos, asilados, empleados, dependientes, etc.

Art. 633. Cometerá una falta grave, y quedará sujeto á la penalidad consiguiente, todo el que infrinja los capítulos que se señalarán en este artículo.

Art. 634. Cualquiera otra infracción de las ordenanzas, que no constituya delito y no se encuentre señalada en el artículo anterior será considerada como falta leve.

Art. 635. Quedan derogados todos los decretos, ordenanzas, reglamentos, disposiciones, etc., anteriores que se opongan al cumplimiento de estas ordenanzas.

INFORME DE LOS DELEGADOS DEL ECUADOR, SEÑORES ALCIVAR Y WHITHER.

Señor Presidente: De conformidad con el programa de la Convención tenemos el honor de informar á Vd.—

Primero. A partir del 1° de enero de 1904 al 31 de diciembre del mismo año tuvimos en Guayaquil 190 casos de fiebre amarilla. Durante el presente año puede decirse que, gracias á las enérgicas medidas que la junta superior de sanidad puso en práctica desde la aparición de la fiebre amarilla en Guayaquil, que data del año 1903, y que fué importada de Panamá, la fiebre ha desaparecido casi completamente, pues, si en algunas semanas se señala uno que otro caso, podemos afirmar que ellos proceden de lugares distantes de la ciudad, de la zona comprendida entre Chimbo, Bucay y Yaguachi, pues las orillas del río Yaguachi en casi toda su extensión y las tembladeras y pantanos que abundan en esta sección y que no se secan ni aún en el verano son un magnífico cultivo para las larvas de los mosquitos que favorecen la propagación de la especie de la epidemia. La junta superior de sanidad, á fin de exterminar esos focos y protejer á los enfermos para evitar por uno y otro medio el contagio, ya que el saneamiento de Guayaquil sería casi imposible, si se mantiene esa ameneza constante á sus puertas, va á emprender en la campaña de sanear en los focos de infección y en la construcción de un pequeño lazareto forrado con red de alambre y dotado del personal y útiles que un establecimiento de esta clase requiere, de acuerdo con los adelantos modernos. La junta superior de sanidad espera, pues, en breve tiempo haber estirpado por completo los gérmenes de la fiebre amarilla.

Segundo. Desde que en la costasur del Pacífico aparecieron los primeros casos de bubónica, la junta superior de sanidad de Guayaquil cerró completamente los puertos del Ecuador á las procedencias de puertos infectados y dictó medidas enérgicas de higiene y saneamiento de las poblaciones de la costa. A la sazón el Dr. Miguel H. Alcivar, que había presenciado en Europa experiencias notables de la aplicación del gas Clayton, recomendó á la junta de sanidad la inmediata y urgente conveniencia de dotar el puerto de Guayaquil de una planta de desinfección, sistema Clayton, y por cable se ordenó al consul de Nueva York la compra de una lancha á vapor con un aparato Clayton, tipo "A" y otro tipo "B," para instalarlo en un vagón especial. El primer puerto de la costa sur del Pacífico que tuvo una planta de desinfección, sistema Clayton, fué, pues, Guayaquil, y desde entonces se le dió entrada al puerto á las procedencias de puertos infectados con la bubónica, haciendo nulas las cuarentenas, desde que con la desinfección del gas sulforoso Clayton se destruyeron por completo todos los gérmenes. Es de notar el hecho constante de que la bubónica invadió puertos inmediatos al golfo de Guayaquil, como Paita en el Perú y en el norte del Ecuador; en Panamá, también, se registró oficialmente un caso, y aún cuando las procedencias del norte y sur de puertos infectados fueron aceptadas en Guayaquil, el puerto se ha conservado inmune debido á la prolija desinfección que hace la junta superior de sanidad á todos los buques que entran en el puerto, empleando, como dejamos dicho, el sistema Clayton. Circunstancia que conviene observar es la que, el único buque procedente de puertos infectados,

que no fué recibido en Guayaquil ni tampoco desinfectado, llevó el contagio á Panamá. De las experiencias anotadas puede deducirse que el día que las naves que hacen el tráfico de pasajeros y carsa gean dotados de aparatos de desinfección Clayton, y la desinfección se verifique bajo la vigilancia de los empleados de sanidad de los puertos, se alcanzará la inmunidad para el contagio de flagelos como la bubónica.

Durante el segundo semestre de 1904 pueron fumigados 94 buques en el Puerto de Guayaquil por medio del sistema Clayton. Acompañamos los reglamentos de desinfección de buques y de la estación de cuarentena.

La junta superior de sanidad de Guayaquil, para mayor facilidad del tráfico, ha establecido en el golfo de Guayaquil, en Puná, una estación sanitaria flotante, para observación, con capacidad para treinta personas, con todas las comodidades y comfort modernos, aparatos de desinfección, servicio médico, etc.

Esta instalación se considera insuficiente, y con tal motivo la junta de sanidad ha emprendido en la construcción de otra estación del mismo género con capacidad para mantener hasta sesenta pasajeros en observación, cómodamente.

Las medidas que la junta superior de sanidad tiene en práctica para impedir tanto la importación como la propagación de los casos de fiebre amarilla son: 1° Atendiendo á que las cuarentenas son inestimablemente inútiles para evitar la penetración de la fiebre amarilla, cada vez que se presenta en un buque un caso sospechoso ó comprobado, el enfermo es transportado en una camilla con red de alambre al Lazareto Urbano, también forrado completamente con red de alambre. Los demás pasajeros quedan bajo la vigilancia del médico de sanidad dutante el período de incubación; 2° para los casos que se produzcan en la localidad se procede de una manere semejante, aislando inmediatamente á los que parecieran sospechosos y á los que francamente fueran atacados del mal, se les conduce, con las mismas precauciones anotadas, al lazareto. Las habitaciones donde se ha presentado un caso sospechoso ó franco son inmediatamente sometidas á una fumigación rigurosa con el aparato urbano Clayton. Además del lazareto, la junta de beneficiencia municipal ha puesto á la disposición de la junta de sanidad uno de los pabellones de su magnífico hospital, completamente aislado y rodeado de red de alambre para los enfermos sospechosos que ingresen en el hospital, mientras están en observación y son conductidos al lazareto. La estadistica del primer semestre de este año ha demostrado que todas las precauciones tomadas por la junta de sanidad han dado por resultado le reducción y casi la extirpación del mal en la ciudad, pues uno que otro que se registra es siempre proveniente de Yaguachi y sus inmediaciones.

Terminarémos haciendo presenté á la Convención que la necesidad de un reglamento internacional de cuarentenas es de vital importancia para los intereses del comercio en general y cualquier esfuerzo para alcanzar un acuerdo á este respecto, sería el mejor y más práctico de los triunfos de la Convención Sanitaria de 1905.

Anexo 1.

REGLAMENTO PARA LA DESINFECCIÓN DE BUQUES Y EQUIPAJES.

Artículo 1. Los buques procedentes de puertos infectados serán sometidos al siguiente procedimiento de desinfección:

(1) Las bodegas, inclusive la mercadería, serán fumigadas y desinfectadas por medio del gas Clayton, exceptuando las harinas, granos y demás sustancias alimenticias que puedan sufrir alguna alteración bajo la acción de dicho gas.

(2) Los entrepuentes y demás cubiertas del buque después de un lavado hecho con abundante cantidad de agua, y que tiene por objeto remojar y desprender las materias orgánicas adheridas al suelo y paredes, se regarán con una solución de hipoclorito de cal al 10 por ciento. Esta solución debe actuar durante una hora por lo menos, después de cuyo tiempo se hará un lavado con abundante cantidad de agua común. Estos lavados los harán los buques.

(3) Prohíbese traer sobre cubierta mercaderías en general. Las frutas, legumbres y verduras no deben recibirse absolutamente si proceden de puertos infectados.

(4) Las paredes, suelo, puertas y ventanas de los camarotes y salones se lavarán escrupulosamente con paños empapados en solución boricada al 6 por ciento después del lavado disciplinario del buque.

(5) Terminada que sea la desinfección del buque se recogerán los cadáveras de las ratas y demás animales, así como las basuras y demás desperdicios, los que, previa indicación del médico de sanidad, se arrojarán á la hornilla para su completa incineración, y de ninguna manera al agua.

(6) Los equipajes abiertos serán rigurosamente desinfectados por los vapores del formol ó cualquier otro procedimiento, á juicio del médico de sanidad.

(7) Se someterán á saneamiento y desinfección las ropas limpias de uso de los viajeros, los equipajes en buen estado de conservación, los objetos de metal pulimentado, el algodón, mobiliario y las maderas secas, labradas ó sin labrar, también á juicio del médico de sanidad.

(8) Se prohibe la entrada de ropas y harapos, viejos y sucios, colchones, almohadas y mantas sucias, alfombras y esteras deterioradas, lanas, plumas y pieles de animales, frescas ó sin curtir, y, en general, todo género de objetos que se hiciere sospechoso por su estado de suciedad, así como las sustancias animales ó vegetales en estado de descomposición; y de encontrarse dichas especies se incinerarán en la hornilla del buque.

(9) Serán admitidos sin precaución sanitaria alguna los objetos nuevos de metal pulimentados, materiales de hierro ú otro metal para construcción de maquinarias.

PASAJEROS.

Art. 2. Los pasajeros serán recibidos, cualquiera que sea su procedencia, observando las reglas siguientes:

(1) El médico de sanidad practicará con el mayor detenimiento el examen facultativo de los viajeros, no permitiendo la entrada al puerto á aquellas personas que presenten el más leve síntoma sospechoso, las cuales deberán pasar al lazareto de observación en donde guardarán la cuarentena necesaria hasta su restablecimiento.

(2) Los viajeros que procedan de puertos infectados serán recibidos en la estación sanitaria para su observación y aislamiento, si fuere necesario hasta completar diez días contados desde aquél en que abandonaron el puerto infectado.

(3) Si los viajeros tienen otra procedencia, pero viniesen en buques que hubieren hecho escala en algún puerto infectado, se les permitirá libre entrada, previa desinfección individual, otorgandoles el médico de sanidad una patente en la que conste su procedencia y destino, según propia declaración de los pasajeros.

Estas patentes serán unipersonales, y habrán de presentarlas los viajeros al presidente de la junta de sanidad, quien ordenará al médico visite en sus domicilios durante diez días á dichos viajeros é informará del estado de salud de ellos.

(4) El médico de sanidad ordenará el aislamiento en el lazareto al pasajero que durante los días de vigilancia presente el más leve síntoma sospechoso de enfermedad; así como también una escrupulosa desinfección de las ropas, efectos de uso, ropas de cama, equipajes y todo cuanto hubiere estado en contacto con dicho pasajero y de la habitación que hubiere ocupado.

(5) La desinfección individual de los pasajeros se practicará de la manera siguiente: Baño general con agua boricada al 2 por ciento; desinfección especial de las manos por medio del cepillo, con agua y jabón primero, y luego con una solución de sublimado al 1 por ciento; desinfección de la boca y garganta con agua boricada; cambio completo de la ropa de viaje por otra que haya sido previamente desinfectada ya por los vapores del formol ó por cualquier otro procedimiento á juicio del médico de sanidad.

Las ropas de viaje serán entregadas á un empleado de la sanidad para su desinfección.

GANADOS, AVES Y ANIMALES DOMÉSTICOS.

Art. 3. Los ganados lanar, vacuno, cabrío ó de cerda no serán sometidos á otro procedimiento que el descanso y observación durante diez días, en corrales limpios, espaciosos y ventilados, bajo la inspección diaria del véterinario municipal.

Art. 4. Los ganados caballar, mular, asnal y demás animales de pelo se someterán también á la inspección en corrales adecuados, por el mismo tiempo.

Art. 5. Las aves de corral y de más animales de pluma se someterán igualmente á ventilación y descanso por el mismo espacio de tiempo.

Art. 6. Se desinfectarán cuidadosamente, ó se quemarán, si fuese necesario, todos los objetos procedentes de los animales que pueden servir de vehículo á los gérmenes patógenos.

Art. 7. Todos los útiles empleados para el desembarque y traslado de los animales serán cuidadosamente desinfectados bajo la vigilancia de un empleado de la sanidad.

DISPOSICIONES TRANSITORIAS.

Art. 8. Mientras la junta superior de sanidad no posea estación sanitaria ó lazaretos para llevar á debido efecto los incisos 1, 2 y 3 de este reglamento, los buques procedentes de puertos infectados no se recibirán en libre plática, y se mantendrán incomunicados todo el tiempo que necesiten para sus operaciones de carga y descarga; los pasajeros de estos buques no serán admitidos sino después de quince días después de haber salido ó pasado por puerto infectado, ó de haber desembarcado de una nave infectada.

ANEXO 2.

REGLAMENTO DE LA ESTACION SANITARIA.

ARTÍCULO 1. Establécese una estación sanitaria marítima provisional con el objeto de aisler y hacer guardar cuarentena de observación á los pasajeros que vengan de puertos infectados ó sospechosos.

ART. 2. La estación sanitaria se establecerá en el lugar que de antemano designe la junta superior de sanidad.

ART. 3. La estación se compondrá del número de embarcaciones necesarias para el objeto, y se la dotará de todos los muebles enseres de cocina y refectorio, farmacia y demás elementos indispensables para el buen servicio y cuidado de los pasajeros.

PERSONAL DE SERVICIO.

ART. 4. Formará el personal de servicio: Un médico director, 1 inspector, 1 practicante, 2 sirvientes de cámara, 1 sirviente para señoras, 1 cocinero, 1 ayudante de cocina, 2 enfermeros, 2 marineros, y empleados que hacen el servicio de desinfección de buques.

EL MÉDICO.

ART. 5. El médico de la estación de Puná será el médico de la estación sanitaria marítima. Sus atribuciones son:

(1) Practicar la visita de sanidad á los buques procedentes del exterior, conforme á lo que dispone el reglamento de la junta de sanidad y posteriores acuerdos de la misma.

(2) Hacer la desinfección de buques que procedan de puertos infectados ó sospechosos, de acuerdo con lo dispuesto por la junta superior de sanidad.

(3) Visitar dos veces, ó más si fuere necesario, á los pasajeros sujetos á cuarentena de observación, y comunicar á la junta de sanidad cualquiera novedad que ocurriera.

(4) Al enfermar algunos de los pasajeros sometidos á observación se constituirá á su lado el médico de sanidad, aislando antes á dicho enfermo, si se trata de enfermedad contagiosa.

(5) En el caso que procede, el médico de sanidad lo comunicará á la junta á fin de que esta envíe inmediatamente á un médico que se haga cargo del servicio del puerto.

(6) Cuidar que las desinfecciones se hagan rigurosamente y que los empleados encargados de hacerla cumplan absolutamente con sus deberes.

(7) Vigilar que los pasajeros sean atendidos y cuidados de la mejor manera, satisfaciendo sus deseos en todo aquello que no esté en oposición á lo dispuesto en este reglamento.

(8) Vigilar que los empleados cumplan estrictamente los deberes de su cargo, é informar semanalmente á la junta de sanidad de todo lo ocurrido en el servicio.

INSPECTOR Y EMPLEADOS SUBALTERNOS.

ART. 6. Son deberes del inspector:

(1) Practicar la desinfección de los buques bajo la inspección del médico, cuidando que aquella se cumpla de conformidad con lo dispuesto por la junta.

(2) Cuidar del orden y buen servicio en las embarcaciones destinadas á los pasajeros, prestándoles á éstos todas las facilidades compatibles con la condición y aislamiento que deben guardar.

(3) Disponar y hacer cumplir todo lo concerniente al servicio de mesa, cocina, aseo y limpieza de las embarcaciones, velando por la disciplina y buen comportamiento de sus subalternos, especialmente en lo que toca al buen trato que se debe dar á los pasajeros.

(4) Acompañar al médico en los momentos de visita y siempre que éste lo solicite, recibiendo de él diariamente las órdenes concernientes al servicio.

(5) Vigilar el completo aislamiento de incomunicación de las embarcaciones destinadas al servicio, é impedir que los pasajeros se pongan en comunicación con otras personas.

ART. 7. Los sirvientes de cámara, cocina y demás empleados subalternos están bajo las órdenes del inspector y cumpliran estrictamente las disposiciones que éste les imparta.

PRACTICANTE.

ART. 8. El practicante prestará sus servicios bajo las órdenes inmediates del médico, cuidadando especialmente de la asistencia de los enfermos. Acompañará al médico en sus visitas, llevará una anotación clínica de los enfermos y un recetario en debida forma; cuidará que se cumplan las prescripciones del médico, y que se administre á los enfermos los medicamentos recetados; vigilará la dieta de los enfermos y hará que los enfermeros y sirvientes atiendan á aquellos con proligidad y esmero en todas sus necesidades.

PASAJEROS.

ART. 9. Los pasajeros que procedan de puertos infectados ó sospechosos guardarán cuarentena de observación en las embarcaciones destinadas al efecto.

Esta cuarentena será de diez días contados desde el día que abandonen el último puerto infectado ó sospechoso.

Los pasajeros que prefieran hacer su cuarentena en otro buque arrendado por su propia cuenta, podrán hacerlo, sometiéndose en todo á lo prescrito en este reglamento.

ART. 10. Bajo ningún pretesto podrán los pasajeros ponerse en comunicación inmediata con otras personas, ni menos abandonar el buque en que deba cumplir su cuarentena.

Si algún pasajero enfermase durante los días de su cuarentena será aislado ó no á juicio del médico en el lugar que éste designe.

ART. 11. Los enfermos que fuesen aislados no podrán comunicarse sino con el médico, el practicante y los enfermeros del servicio. El aislamiento terminará cuando, á juicio del médico, el enfermo entre en un período de franca convalecencia.

ART. 12. El pasajero que al llegar á Puná, se encontrase afectado de enfermedad contagiosa como peste, fiebre amarilla, tifus, fiebres eruptivas ú otras análogas, no podrá ser receibido en la estación sanitaria.

ART. 13. Todos los pasajeros están sujetos á la visita diaria del facultativo y á seguir las indicaciones que éste creyere conveniente hacer.

ART. 14. Los pasajeros abonarán $5 diarios por pensión, aparte de los gastos extraodinarios que hiciesen.

Este reglamento se pondrá en conocimiento de los pasajeros para su exacto cumplimiento.

PRESUPUESTO.

Un médico, 1 inspector, 1 practicante, 2 sirvientes de cámara, 1 sirviente para señoras, 1 cocinero, 1 ayudante, 2 marineros, y 2 enfermeros.

ART. 15. La junta podrá reformar este reglamento cuando lo crea conveniente.

Dado en la sala de sesiones de la junta superior de sanidad á veintidòs de septiembre de mil novecientos cuatro.

ANTONIO GIL, *El Presidente.*
J. CUEVA GARCÍA, *El Secretario.*

INFORME DE DR. JOAQUÍN YELA, DELEGADO DE GUATEMALA.

SEÑOR PRESIDENTE, SEÑORES: Al ser invitado el Gobierno de la República de Guatemala para tomar parte en la Primera Convención Sanitaria Internacional de las Repúblicas Americanas, que debía reunirse en Washington, D. C., á principios del mes de diciembre del año de 1902, cúpome la honra de ser designado oficialmente por mi país para formar parte de tan importante é ilustrado Congreso. Ausente yo de los Estados Unidos de América en esa época al recibir el nombramiento, emprendí mi regreso á esta nación, pero, por desgracia, debido á un accidente imprevisto y casual llegué á esta metropoli recien terminadas las sesiones.

En estos últimos días me veo favorecido una vez más con el nombramiento por cable, de delegado oficial por Guatemala á la Segunda Convención Sanitaria Internacional. Anúnciaseme al mismo tiempo, también por cable, la remisión de las últimas disposiciones gubernativas sobre higiene pública, y de importantes observaciones clínicas sobre la actual epidemia de fiebre amarilla en las poblaciones de Zacapa y Gualan por los médicos que asisten á los pacientes. Por desgracia, hasta la fecha no han llegado á mi poder para dar cuenta de ellos.

A estos motivos se debe que el informe que ahora presento no sea tan concreto como era de desearse.

El paludismo y sus múltiples manifestaciones ha sido la enfermedad más común en todo el litoral de las costas de la República y en algunas otras de sus poblaciones. Las fiebres perniciosas, que al segundo ó tercer acceso causaban la muerte del paciente, hoy casi son desconocidas, por las medidas higiéncias puestas en estricta práctica por las autoridades y el Cuerpo de Salubridad.

Unicamente dos invasiones se cuentan del terrible flagelo, el cólera mórbus, que diezmaron la República y todo Centro América. La última fué el año de 1857 importada de Nicaragua, al regreso de las tropas que fueron á coadyuvar á la expulsión de las huestes que amenazaban nuestra independencia. Posteriormente, algunos años, no todos, suele aparecer de un modo esporádico, al principio de la estación de las lluvias, uno que otro caso de cólera nostras, que siempre cede á un tratamiento apropíado.

Una parte muy considerable de la población de Guatemala, la forma la raza indígena. El indio es vigoroso y de costumbres sencillas y puras, sin más vicio que el de las bebidas alcohólicas, principalmente el de la llamada "Chicha."

Jamás padece de sífilis; se casa apenas entra en la pubertad formando familia numerosa. Las epidemias son las que únicamente ponen fin á su existencia, en especial la viruela, porque huye de la vacuna á la que tiene un horror pánico. Como los de esta raza siempre viven hacinados en pequeñas habitaciones llamadas *ranchos*, al enfermarse uno sigue todo la familia, y luego la población entera. Afortunadamente ahora, con el empeño constante del Gobierno y del Consejo Superior de Higiene, que con penas fuertes los obliga á la vacunación y revacunación, ya no se ven las frecuentes y devastadoras epidemias de antes, sino de vez en cuando casos aislados de forma benigna. En las poblaciones principales hay médicos remunerados, y allí las autoridades respectivas conducen á los indios á ser vacunados, teniendo especial cuidado de inspeccionar si ha tenido ó nó buen resultado la inoculación, repitiéndose hasta obtener el efecto deseado.

De la elefantiasis de los Griegos, que en época de atrás se veían por todas partes muchos pacientes, no se ha vuelto á ver un sólo caso nuevo, desde que por acuerdo gubernativo, llevado á estricta práctica, fueron recogidos y secuestrados todos los que la padecían, y colocados en el asilo llamado "La Piedad" en donde están bien asistidos y nada les falta, pero sí se les evita toda comunicación con el resto de la sociedad.

La peste bubónica que en estos últimos años ha hecho víctimas en algunas poblaciones de la América, en donde era absolutamente desconocida, nunca ha visitado mi país, y es de esperarse que con las medias higiénicas que se toman á cualquier amenaza de tan terrible azote nunca aportará á nuestras playas.

Hace treinta y cinco años que una epidemia de escarlatina hizo grandes estragos en todo la nación. Después de esa época aciaga no ha vuelto á observarse ningún caso. Desde entonces sí han aparecido periódicamente casos de difteria que han hecho muchas víctimas en los niños, hasta que se descubrió el suero apropiado para dominar esta terrible y penosa dolencia.

La tos ferina y el sarampión, suelen aparecer de tiempo en tiempo, bajo forma epidémica de carácter más ó menos grave.

La influenza es la que ha hecho más apariciones.

La fiebre tifoidéa es muy rara entre nosostros, lo mismo que la tuberculosis. Las condiciones del país se prestan más para curar la dolencia que para producirla; y es tanto así, que personas de lejanos países afectadas de tuberculosis ó predispuestas á ella, vienen á Guatemala, como á una picina, y la mayor parte consiguen su restablecimiento.

Actualmente lamentamos en nuestro suelo, en dos importantes poblaciones, llamada la una Zacapa y la otra Gualan, la invasión de la fiebre amarilla. Gran número de profesores médicos, en aras de la filantropía, espontáneamente han ido á ofrendar sus vidas en beneficio de sus hermanos, habiendo muerto ya varios de ellos, al estar prestando sus servicios profesionales á los atacados de la fiebre. Entre ellos está el nombre del distinguido Dr. José Arriola víctima del deber profesional, que deja sin terminar, segun informes, un importante trabajo clínico que demuestra con hechos observados por él que el mosquito *Stegomyia fasciata* es el único agente de trasmisión de la fiebre amarilla.

Va cediendo notablemente esta epidemia, gracias ó los activos medios que el Gobierno y el Consejo Superior de Higiene han hecho se pongan en práctica, ya para tratar los casos existentes como para precaver su propagación, encontrando eficaz ayuda en todo el cuerpo médico, con lo cual se ha obtenido circunscribir su acción invasora á una limitada zona. Nunca esta dolencia ha sido endémica en Guatemala.

Un Consejo Superior de Higiene Pública reside en la capital de Guatemala dependiente de la Secretaría del Interior, y juntas especiales de salubridad en cada departamento, que dependen y reciben las intrucciones del Consejo. Una ley especial ha creado separadamente el cuerpo de higiene militar, cuyo objeto es velar por el mejoramiento de la salud del soldado.

El Consejo de Higiene tan sólo tiene facultades consultivas, pues la Secretaría del Interior es la que promulga los acuerdos, y hace que se pongan en práctica las leyes sanitarias.

Entre las muchas é interesantes leyes sobre higiene pública, acordadas por el Gobierno á iniciativa del Consejo Superior, está la de vacunación y revacunación obligatoria, las que reglamentan la prostitución, y la que exige la declaración de las enfermedades siguientes: Fiebre tifoidea, tifus exantemático, viruela, peste bubonica, cólera morbus, elefantiasis de los Griegos, escarlatina y sarampión. El médico que asista á un paciente que adolezca de alguna de estas enfermedades, ó el jefe de la familia, está obligado, bajo severas penas á dar aviso inmediato á la autoridad competente.

La vigilancia médica en los puertos de la República está confiada á los facultativos competentes que dependen inmediatamente de la autoridad local, y reciben instrucciones del Consejo Superior de Higiene. En cada puerto hay aparatos apropiados para la desinfección.

Tan luege el Gobierno ha tenido noticia fidedigna de que en algunos de los países con los cuales cultiva relaciones comerciales existe una epidemia que puede ser trasportada, ha tomado las disposiciones y medidas higiénicas del caso á fin de evitar su importación en la República.

Entre los últimos acuerdos relativos á este objeto aparece el de 26 de julio próximo pasado que ordena que para los efectos consiguientes se tengan como sospechosas de viruela las

procedencias de Valparaíso en Chile; y en esa virtud las autoridades de los puertos de Guatemala, sobre el Pacífico, deberán cumplir estrictamente todas las leyes y reglamentos dictados por el Gobierno con anterioridad.

En 6 de septiembre próximo pasado el Presidente de la República acordó cerrar los puertos de San José, Champerico y Ocas en la Costa del Pacífico á las procedencias de Panamá por sospechosas de fiebre amarilla y peste bubónica.

Si se continúa con el empeño y la actividad, que al presente en la magna obra de llevar á la práctica las muchas y sabias disposiciones higiénicas, acordadas por leyes anteriores, casi casi se podría asegurar sin jactancia que en la capital de Guatemala no se vería ya otra enfermedad fuera de las traumáticas, que la senectud, y que todos sus moradores morirían únicamente de viejos.

La capital de Guatemala posee un magnífico hospital general al este de la población. Tiene quinientas camas en espaciosos y bien ventilados salones; sin pago ninguno se encuentran médicos, enfermeros, medicinas, alimentos, alojamiento confortable y todo lo que puede necesitarse para recuperar la salud perdida. En este edificio, que tiene una vasta extensión, hay un cuerpo competente de médicos y cirujanos de los más distinguidos, y practicantes y enfermeros hábiles. Se encuentra en un todo arreglado á los preceptos y adelantos modernos de la ciencia. Anexa está la Casa de Salud para los que pueden pagar una corta pensión, dotada como el Hospital General de un arsenal quirurgico completo, y medicinas que se importan frecuentemente de los Estados Unidos de América y de Europa.

En un pintoresco lugar llamado el Parque de la Reforma, á tres millas de la ciudad, está el Hospital Militar, institución moderna, donde encuentra el soldado el alivio de sus males.

Hay un bien organizado manicomio que no sólo sirve para asilar á los desgraciados que han perdido el uso de la razón, sino también para curar muchas de las formas de locura de los que ingresan en él.

A doce millas al norte de la capital está el Asilo La Piedad, á donde se conduce á todos los que padecen el terrible mal de la elefantiasis de los Griegos. Allí tienen todo lo necesario para hacerles menos molesta su existencia. Próximo se encuentra el cementerio destinado á sepultar sus cadáveres.

El Hospital Modelo, así llamado, el que aloja á las mujeres que padecen de sífilis, se halla situado al este de la ciudad en los suburbios, y la mayor parte de las que ingresan allí son mujeres de la vida pública. La creación de este hospital y el haberse reglamentado de un modo conveniente la prostitución ha contribuído grandemente, si no á exterminar esta terrible plaga, sí á que sea poco frecuente y que los casos que se presentan revistan menor gravedad.

Para los casos de enfermedades epidémicas y contagiosas, que por esta razón no pueden ser admitidos en los otros hospitales de la ciudad, existe uno muy amplio en las afueras de la población, con competente número de empleados, de medicinas y de todo lo necesario para atender á los pacientes. Con lo cual, no sólo se curan estos, sino que se evita también la propagación del mal.

No puedo pasar en silencio la creación de un asilo altamente filantrópico, para los hombres y mujeres que padecen de esa horrible enfermedad, que hasta ahora no ha podido curarse á pesar de los prodigios actuales de la ciencia, y que se llama vejez. Aquí, distraídos en las ocupaciones que les permite su estado, y sin que nada les haga falta, esperan tranquilos la terminación de sus días. También existen sanatorios particulares de distinguidos profesores, entre los cuales me es grato nombrar el más notable y completo, el de los competentes hermanos Doctores Ortega, que reune al buen servicio facultativo los últimos adelantos de la ciencia, en aparatos é instrumentos y todo lo necesario para la asistencia clínica.

No sólo en la capital de la Rebúplica se encuentran las casas de beneficencia, si que tambien las hay y completamente dotadas de todo lo necesario en las cabeceras de los departamentos. Las principales son los hospitales de la ciudad de Quezaltenango, de la antigua Guatemala, Amatitlán y Escuintla.

Falta hacía en medio de tanto establecimiento de beneficencia pública, uno para aquellos infelices, que sin ser considerados como enfermos, convalecen de graves dolencias. Por eso el Sr. Estrada Cabrera, actual Presidente de la República vá á llenar tan gran vacío con el magnífico y extenso establecimiento que está construyendo al sur de la ciudad, en el local ocupado anteriormente por la Exposición Centro-Americana, destinado principalmente al alojamiento y cuidado de los convalecientes. Pronto estará terminado, porque se trabaja con asíduo empeño, siendo el mismo filántropo mandatario el que inspecciona á diario los trabajos.

Para terminar, señores, hago únicamente mención de la honra que cupo á Guatemala de ser designada para que en su capital se celebre el Cuarto Congreso Médico Pan Americano. Al efecto, tanto el Gobierno como la facultad de medicina y farmacia, por medio de sus comisiones trabaja con asíduo empeño á fin de que á los ilustres huéspedes de la ciencia se les haga agradable su permanencia entre nosotros.

INFORME DEL DELEGADO DE MÉXICO, DR. EDUARDO LICÉAGA.

SEÑORES: El presente informe lo rindo siguiendo el programa científico aceptado por el Comité Internacional de las Repúblicas Americanas.

(*a*) *Datos sobre las enfermedades dominantes, especialmente la plaga, la fiebre amarilla y la malaria, á partir del 1° de enero de 1904, que fué aproximadamente la fecha en la que debió reunirse la Convención en Santiago de Chile.*

I. PESTE BUBÓNICA.

En una colección del Boletín extraordinario del Consejo Superior de Salubridad, publicado con motivo de la aparición de la peste bubónica en el puerto de Mazatlán, Estado de Sinaloa, enviado al Comité Internacional de las Repúblicas Americanas, se dió noticia detallada de la aparición de esta enfermedad en diciembre de 1902; del curso que siguió la epidemia y de la serie de medidas que se tomaron, hasta extinguir definitivamente la enfermedad en mayo de 1903. Debo decir de paso, que desde que se adoptó en la Convención Sanitaria anterior, la resolución de que cada una de las Repúblicas aquí representadas, quedaba obligada á declarar la existencia de enfermedades transmisibles en su territorio, al Comité Internacional de las Repúblicas Americanas, la de México no ha dejado de cumplir con esa obligación, dando una noticia semanaria por el correo ó por el cable, siempre que ha sido necesario.

Como anexo número 1 acompaño una colección de esos boletines, y voy á dar lectura á la memoria que resume la historia de esa epidemia, porque pienso que puede ser instructivo el conocimiento de las medidas que se adoptaron para combatirla, y que no solamente la sofocaron en su cuna, sino que permitieron librar de ella al resto de la República Mexicana y á toda la América Septentrional.

1. ORIGEN PROBABLE DE LA EPIDEMIA.

Mazatlán es un puerto situado en las costas del Pacífico, á los 23° 11′ 2″ latitud norte, y á los 7° 17′ 34″ longitud oeste de México. Está situado en la zona tórrida, siendo su clima tropical. Su población llega á 25,000 habitantes.

Este puerto está en frecuente comunicación con el de San Francisco, Cal., de los Estados Unidos, donde tres años antes ha existido la peste bubónica, en un barrio central de aquella ciudad, que se llama "Chinatown."

Probablemente por temor á las restricciones cuarentenarias que pudieron haber sido impuestas al comercio en puertos extranjeros, las autoridades de San Francisco, Cal., habían ocultado cuidadosamente la existencia de la enfermedad, y expedían patentes limpias de sanidad á los buques que salían de dicho puerto.

El 13 de octubre de 1902, el vapor *Curaçao* llegó á Mazatlán con un cargamento de efectos de China, que desembarcó en dicho puerto. Siete días después fué observado el primer caso de la enfermedad, pero ningún diagnóstico pudo hacerse, porque como la afección no se había visto nunca en la República Mexicana, sus síntomas eran desconocidos para los médicos, por cuya razón se supuso que los enfermos se encontraban atacados de una rara y maligna forma de malaria.

No ha sido posible todavía descubrir si esos efectos venían directamente de "Chinatown" en San Francisco, Cal., ó si habían sido transbordados al *Curaçao* de algún buque procedente directamente del Asia; lo incuestionable fué que el buque había salido de San Francisco y que el cargamento contenía efectos de origen chino.

II. PRIMERAS NOTICIAS DE LA APARICIÓN DE LA EPIDEMIA.

El 13 de diciembre de 1902, el delegado del Consejo Superior de Salubridad en Mazatlán, comunicó por telégrafo que una rara enfermedad había aparecido en la localidad: De 19 casos observados, 8 habían terminado fatalmente; todos ellos durante el tiempo transcurrido del 20 de octubre al 13 de diciembre, y que la enfermedad se caracterizaba principalmente por una fiebre violenta y por la aparición de bubones en las ingles, en las axilas y en el cuello.

El Consejo Superior de Salubridad que por ley tiene á su cargo la policía sanitaria internacional en los puertos no tuvo conocimiento durante los primeros días del mes de diciembre del hecho antes mencionado, de que el vapor *Curaçao* hubiera llevado procedencias de origen chino; pero fundándose en que se sabía de una manera extraoficial la existencia de la peste en un barrio de San Francisco, Cal.; y en que la única enfermedad transmisible que se acompaña de fiebre intensa y de bubones, es la peste, ordenó á su delegado que anotara las patentes de sanidad, diciendo que existía en el puerto una enfermedad sospe-

chosa de ser la peste bubónica. Al mismo tiempo se dirigió á las autoridades locales de Mazatlán y al Gobernador del Estado de Sinaloa (al cual corresponde esa ciudad), excitándolos á que tomaran las medidas ordenadas por el código sanitario, para la extinción de cualquiera enfermedad epidémica.

Para proceder con orden en la enumeración de estas medidas, estudiaré: Primero, las que se dictaron contra la enfermedad para extinguirla en el lugar donde apareció; segundo, las destinadas á impedir su propagación por la vía marítima, y por último, las que debían evitar la transmisión por la vía terrestre.

III. MEDIDAS ADOPTADAS PARA EXTINGUIR LA ENFERMEDAD DONDE HABÍA APARECIDO.

Se ordenó á la autoridad política de Mazatlán que hiciera recordar por bando la obligación que tienen, conforme al código sanitario, los médicos, los padres de familia, los jefes de talleres, los de fábricas y los directores de escuelas y colegios, de hacer la declaración de los casos de peste de que tuvieran conocimiento.

Las autoridades locales ordenaron desde luego la visita domiciliaria para descubrir á los enfermos á quienes hubieran ocultado sus deudos; para hacer practicable esta medida se dividió la ciudad en cuarteles y se encargó á los médicos auxiliados por 125 hombres de policía sanitaria, que hicieran dicha investigación. A la vez, y en cumplimiento de lo dispuesto por el código sanitario federal, se hizo obligatorio el aislamiento de los enfermos en un lazareto.

Para hacer más efectivo este aislamiento, se arregló el lazareto de la Isla de Belvedere, donde se estableció un departamento para recibir á los enfermos de peste confirmada, otro aislado del anterior para los sospechosos de tener la peste bubónica y otro para los convalecientes, destinándose en el mismo local un servicio de baños, una botica y una habitación especial para los practicantes, así como para el personal que atendía á dicho edificio.

La situación del lazareto en una isla hacía fácil y seguro el aislamiento. Mas como las personas que habían estado asistiendo á los enfermos, antes de llevarlos al lazareto, podían tener en incubación la enfermedad, se estableció un campo de observación en las lomas del Velódromo, situado junto á la playa y fuera de la población.

Este campo de observación consistía de una serie de barracas destinadas á alojar á las familias de los pacientes, atendiendo á su subsistencia, dejándolas en observación durante diez días y no permitiéndoles la salida de dicho campo, sino cuando se encontraban en buena salud, después de la terminación de dicho plazo. A las gentes pobres, á su salida, se les proporcionaba ropa nueva y cierta cantidad de dinero.

Como en los barrios pobres del puerto de Mazatlán hay grande aglomeración en muchas casas, se ordenó la desocupación del excedente de habitantes de cada una de ellas, alojándolos en tiendas de campaña.

En cumplimiento, también, del código sanitario se ordenó la desinfección de las casas que habían ocupado los enfermos, así como la de las ropas de que habían hecho uso, y cuando éstas eran de poco valor se quemaban.

Para el servicio de desinfección de los diferentes cuarteles de la ciudad, se nombraron ocho médicos con el personal necesario, y se usaba la solución de bicloruro de mercurio al uno por mil, pulverizada por medio de bombas impelentes, sobre los techos, las paredes y los pisos de las habitaciones. Cuando estas habitaciones eran de poco valor y especialmente cuando no podían desinfectarse se destruían por medio del fuego. Más de 375 casas han desaparecido de esa manera.

Como la epidemia había sido precedida de una gran mortandad de ratas y ratones, se declaró la guerra á estos animales por todos los medios que se usan ordinariamente, entre los cuales se empleaba un virus destinado á producir en ellos una epizootía que no podía transmitirse á los hombres.

Al mismo tiempo las autoridades locales ordenaban la limpieza de las casas y hacían efectivo el barrido de las calles, el completo aseo en los rastros y mercados, procediendo á la extracción y después á la incineración de las basuras.

La circunstancia de que jamás se había presentado la peste en la República Mexicana, había hecho innecesario que se tuvieran preparados los sueros curativo y preservativo de aquella enfermedad; pero éstos se pidieron inmediatamente al Instituto Pasteur en número de 1,000 frascos de suero de Yersin y 500 del de Hafkine, aunque otras cantidades mucho mayores fueron subsecuentemente consumidas.

IV. MEDIDAS PARA EVITAR LA PROPAGACIÓN DE LA EPIDEMIA POR LA VÍA MARÍTIMA.

Como se acaba de decir, la peste no había visitado jamás la República Mexicana. Cuando en los últimos años invadió de nuevo la Europa y algunos pueblos de la América del Sur, se hizo necesario adicionar el Reglamento de Sanidad Marítima con un capítulo especial, destinado á proteger nuestros puertos contra la invasión de la peste, pues anteriormente no

mencionaba el código sanitario esta enfermedad, por creerlo innecesario. Las adiciones al Capítulo II del Reglamento de Sanidad Marítima destinadas á protegernos contra la peste, se promulgaron en 30 de mayo de 1900. Desde entonces se tuvieron en vigor y nos hubieran defendido de la enfermedad, si las autoridades sanitarias de San Francisco no hubieran ocultado la existencia de ella, dando patente limpia á todas las embarcaciones que salían de aquel puerto. Así fué como la peste pudo haber llegado á Mazatlán.

La primera medida que se ordenó al delegado del consejo de salubridad en el puerto de Mazatlán, fué la de que anotara las patentes de sanidad, diciendo que se había presentado allí una enfermedad epidémica que se sospechaba ser la peste bubónica. Esta declaración se hizo no sólo para proteger á nuestros puertos, sino también á los extranjeros contra las procedencias de Mazatlán.

Las medidas destinadas á impedir la propagación por la vía marítima pueden dividirse en dos grupos: (*a*) las que se habían tomado en el puerto de partida, y (*b*) las que deberían tomarse en los puertos de llegada.

(a) Se nombró una comision de médicos que expidieran pasaportes de sanidad á las personas que llegaran al puerto con objeto de embarcarse, evitando así que pudiera ir á bordo algún individuo enfermo ó sospechoso de llevar la peste. Esta comisión estuvo también encargada de desinfectar los equipajes de los pasajeros y las mercancías que se embarcaran; y al delegado sanitario en el puerto se le ordenó que hiciera la destrucción de las ratas y ratones en los buques que zarparan; con estas precauciones se tenía ya gran seguridad; mas para conformarse á las prescripciones de nuestro reglamento de sanidad marítima y de sus adiciones, se recordaron á todos los delegados en los puertos del Pacífico las reglas á que me voy á referir.

(b) Los puertos del litoral del Pacífico son muy numerosos y como algunos de ellos no tienen médico delegado—que es la autoridad sanitaria encargada de practicar la visita médica de los buques y la que ha de dirigir las operaciones de desinfección—estos puertos, que son de escasa importancia comercial, se cerraron para todo tráfico directo con Mazatlán; señalándose para él los puertos de Guaymas, San Blas, Manzanillo y Acapulco, pero sujetándose á las prescripciones legales antes mencionadas y que se pueden resumir como sigue:

Los buques deberían detenerse en la bahía, en un fondeadero especial destinado á las embarcaciones sospechosas; á su costado se acercarían los delegados de sanidad, para ordenar una detención de diez días contados desde la salida del buque del puerto infectado. Esta detención tenía por objeto cerciorarse de que en ningún pasajero ó tripulante se había desarrollado la enfermedad. Mientras duraba esta observación, se hacía la desinfección de las ropas de uso y de los equipajes de los pasajeros, y en las bodegas la desinfección de la carga y la destrucción de las ratas y ratones por medio del ácido sulfuroso, quemándose el azufre en la proporción de 40 gramos por cada metro cúbico de capacidad de la bodega, dejándose ésta cerrada herméticamente por el espacio de veinticuatro horas. Entre tanto, se hacía la desinfección de los pisos del buque por medio de una solución de bicloruro de mercurio al uno por mil ó de ácido fénico al 5 por ciento. Sólo los objetos que debían ser desinfectados en su superficie se trataban por los vapores de la formaldehida. Terminadas estas operaciones, para comenzar la descarga, el delegado registraba bulto por bulto de las mercancías, hasta cerciorarse de que los envases no llevaban ratas ó ratones y de que no estaban agujereados. Si alguno de ellos se encontraba en estas condiciones, era de temerse que estos roedores estuvieran en el interior del bulto, y entonces se le abría para convencerse de la verdad, y se disponían los bultos de manera que al saltar los ratones cayeran en el agua hirviendo, de la que no deberían ser extraidos sino por medio de pinzas. Tomados con ellas se les untaría de petróleo para quemarlos.

Si los buques hubieren llegado con enfermos ó si la peste se hubiere desarrollado á bordo durante los diez días de observación, deberían haber pasado al puerto de Acapulco, donde existe un lazareto con las condiciones apropiadas para recibir á los enfermos de peste, de cólera ó de fiebre amarilla.

Si el destino final del buque no era alguno de los cuatro puertos mencionados, después de terminados los diez días de observación, y de practicadas las operaciones de desinfección, el delegado les expedía un certificado en que constaban los hechos anteriores, y con este documento podían arribar á cualesquiera de los puertos del litoral del Pacífico.

Para facilitar la llegada de víveres á Mazatlán, de sustancias para la desinfección ó de otros objetos de que se necesitara, se expidieron permisos especiales por el Consejo Superior de Salubridad á determinados buques, á fin de que llevaran dichos efectos á Mazatlán, pero sin entrar al puerto. En esos casos el buque se detenía en alta mar, llegaba hasta él la embarcación que conducía al delegado sanitario y recibía los objetos de á bordo, no permitiendo que las gentes de tierra comunicaran con las del buque; y expedía un certificado en que se declaraban todos estos hechos, y el buque podía volver al lugar de su partida ó á cualquiera otro puerto, sin quedar sometido á ninguna prescripción cuarentenaria.

Estas medidas fueron tan eficaces, que ni un sólo caso de la peste se desarrolló en las embarcaciones, ni fué llevada á ningún otro puerto, en el espacio de seis meses que duró la epidemia.

V. MEDIDAS DESTINADAS A EVITAR LA PROPAGACIÓN DE LA PESTE POR TIERRA.

El medio más eficaz de detener una epidemia, es disminuir el número de habitantes de la población en donde existe, pues se comprende que se disminuye el elemento que da pábulo á la propagación de la enfermedad. La administración pública no puede ordenarlo sino en poblaciones muy reducidas; pero en el caso actual, el vecindario de Mazatlán salió de allí, y se hace subir á más de 8,000 el número de personas que emigraron; mas es indispensable que al hacerse la evacuación de una ciudad, los emigrantes no lleven el contagio en sus personas ni en sus equipajes. Para evitar este peligro se adoptaron las medidas siguientes:

Se nombró una comisión de médicos que examinaban á las personas que deseaban ó intentaban salir de Mazatlán; si las encontraban sanas les expedían un pasaporte en que constaban su nombre y su apellido, el estado de su salud y lugar de su destino. Esta comisión daba una noticia semejante á las autoridades del lugar á donde se dirigían los pasajeros y consignaban en un registro estos datos.

En los caminos que parten de Mazatlán (no hay aún ferrocarriles) para otros puntos del Estado de Sinaloa y de los estados y territorios que rodean á éste y en los lugares más transitados, se establecieron estaciones sanitarias que constaban de un departamento para los que llegaban con la enfermedad confirmada; de otro destinado á los enfermos en quienes solamente se sospechaba que estuvieran atacados de la peste; de un tercero en donde se alojarían los convalecientes; de un departamento de baños; de otro para la estufa de desinfección; de una cámara destinada á la fumigación de las mercancías por el ácido sulfuroso, y por último de las habitaciones para el personal.

Estas estaciones estaban dirigidas por un médico higienista.

Además de esto, se estableció una segunda zona de estaciones sanitarias á cierta distancia de la primera; y los estados limítrofes al de Sinaloa establecieron también estaciones sanitarias dispuestas de esta manera; dos en el Territorio de Tepic, dos en el Estado de Jalisco, tres en el de Durango y una en el de Sonora.

La defensa por tierra quedó establecida como sigue:

En primer lugar, se hacía la inspección por la comisión de médicos de Mazatlán, de todas las personas que pretendían salir de la ciudad; si alguno de los viajeros se enfermaba antes del segundo día de su salida, encontraría la primera estación sanitaria: si la enfermedad se definía entre el segundo y el cuarto día, sería detenido en la segunda zona, y si hubiera aparecido la enfermedad al salir el viajero del Estado de Sinaloa, hubiera sido detenido en las estaciones de los estados limítrofes; pero si aun en caso de incubación tardía, la enfermedad estallaba antes del décimo día, el pasajero quedaría vigilado por las autoridades del lugar de su destino, las que habían sido anticipadamente prevenidas por la comisión de médicos de Mazatlán.

Se crée que salieron más de 8,000 personas de Mazatlán, en un espacio de tiempo relativamente corto, y entonces se comprende que muchas se escaparon de la inspección en Mazatlán y evitaron las estaciones sanitarias, y así se explica que se hayan dado algunos casos en tres pueblos de que luego me ocuparé; pero un número tan limitado de personas, que se puede decir, sin peligro de exageración, que la peste quedó concentrada en Mazatlán, y que, por consiguiente, las medidas adoptadas para impedir la propagación por la vía terrestre, alcanzaron el resultado que de ellas se esperaba.

VI. LUGARES Á DONDE SE PROPAGÓ LA EPIDEMIA DE MAZATLÁN.

Una aldea de 400 habitantes, llamada "Oso" y situada en la margen izquierda del Río de "El Fuerte," fué el lugar de un pequeño foco que se produjo de esta manera: Una familia de Mazatlán salió de allí en 24 de enero, y el 27, al llegar al pueblo de Elota, se enfermó una niña: para evitar la estación sanitaria establecida en ese lugar, la familia huyó para "Oso" á donde llegó siete días después; allí murió la niña contagiando á la madre, y ésta á la abuela, y las dos sucumbieron también. Inmediatamente que se tuvo conocimiento de este hecho se envió un médico de Culiacán, capital del Estado de Sinaloa, quien pudo comprobar que el enfermo á quien alcanzó aún con vida, tenía la forma neumónica de la peste. La enfermedad se propagó á tres personas más; pero como se aisló á todos los enfermos y á las personas que los asistían; como se destruyeron por el fuego, no solamente las ropas y objetos que habían podido infectar, sino también las casas que habitaron; como se vacunó á todos los individuos que estaban en peligro de contagio, por medio del suero de Yersin, que era el único de que se podía disponer entonces, y como se hizo la destrucción de ratas y ratones de todas las casas contiguas, la epidemia se evitó definitivamente en aquel lugar.

Debo advertir que la aldea de Oso, que está situada como á 107 kilómetros de Mazatlán, es el pueblo más distante que alcanzó la enfermedad.

La aldea de Villa Unión, situada á 26 kilómetros al sudeste de Mazatlán, fué invadida por las familias que emigraban del puerto, cuando allí se declaró la epidemia; y á las relaciones frecuentes que conservaron con el puerto se debe la aparición de otro foco, en donde se enfermaron otras siete personas, habiendo acaecido una sola defunción. Apenas se descubrió al

primer enfermo, se enviaron médicos, estufas de desinfección, desinfectadores, y se hizo el aislamiento de los enfermos, el de los sospechosos y el de los convalecientes; se estableció, como en Mazatlán, un campo de observación para aislar á las familias de los apestados, se destruyeron las casas que habitaron los enfermos, se persiguió á las ratas y la epidemia se sofocó. Dos factores importantes contribuyeron á este resultado: fué el primero, que se estableció una organización sanitaria semejante á la de Mazatlán: el segundo, la vacunación por medio de la vacuna de Besredka, á personas que estaban 645 en condiciones de poder adquirir la enfermedad.

Otra aldea, llamada Siqueros, situada á 34 kilómetros de Mazatlán, y á 15 de Villa Unión, recibió los emigrantes de esta última población, y con ellos la enfermedad; pero se acumularon en aquel nuevo foco los mismos elementos de combate que en Mazatlán y que en Villa Unión, y aun cuando se dieron 9 casos, con 6 defunciones, tambien allí se extinguió la epidemia.

Antes de terminar la serie de medidas que se tomaron para evitar la propagación de la epidemia por la vía terrestre, debo mencionar un recurso que contribuyó eficazmente á evitar la emigración de los enfermos y fué la organización de una brigada volante de policía sanitaria, acompañada de una ambulancia y dirigida por un médico, que recorrí a los caminos y visitaba los pequeños poblados, haciendo una vigilancia muy eficaz.

VII. CONFIRMACIÓN DE LA NATURALEZA DE LA ENFERMEDAD.

Como dijimos al principio, el Consejo Superior de Salubridad estableció el combate contra la peste, fundándose en los datos clínicos de la enfermedad; pero el estado actual de la ciencia exige que se haga la comprobación bacteriológica, para confirmar su naturaleza. Con este fin el mismo Consejo envió al Dr. Octaviano González Fabela, distinguido bacteoriologista de la corporación, provisto del arsenal suficiente y de pequeños animales, para hacer el estudio fundado en la experimentación. El mencionado doctor tan pronto como llegó á Mazatlán, hizo el estudio clínico de un enfermo que tenía la forma neumónica de la peste, recogió el esputo y el líquido del tejido periganglionar de un bubón, y pudo comprobar la existencia del bacilo de Yersin. Con el cultivo de este bacilo puro, inoculó á unos "cuyos" que poco tiempo después presentaron los caracteres de la enfermedad experimental. El Consejo Superior de Salubridad, al recibir este diagnóstico por la vía telegráfica el 31 de diciembre, hizo la declaración pública de que la epidemia que se había desarrollado en el puerto de Mazatlán, era la peste bubónica, y así lo comunicó á las autoridades federales de la República, á las de los Estados, á todos los delegados sanitarios en los puertos, á las autoridades sanitarias de los Estados Unidos y al Comité Internacional de las Repúblicas Americanas, que reside en Wáshington.

VIII. NÚMERO DE CASOS Y DE DEFUNCIONES.

El número de casos de que tuvo conocimiento la autoridad, fué 351 y el de defunciones 296, desde el día 13 de diciembre de 1902 hasta el 15 de mayo de 1903. El número de defunciones es enteramente exacto, porque conforme á las leyes de México, no se puede proceder á la inhumación de un cadáver sin el certificado del registro civil, en donde se hace constar la causa de la muerte. No sucede lo mismo con el número de casos de la enfermedad, pues ha sucedido en Mazatlán lo que en todas partes del mundo; esto es, que se ocultan muchos casos para evitar que los enfermos sean trasladados al lazareto. El número de ocultaciones de enfermos disminuyó notablemente desde que se establecieron las visitas domiciliarias y una vigilancia incesante en todas las casas de la población. El temor de la gente pobre é inculta, de ser conducida al lazareto, indujo á algunos desgraciados á salirse de la población y á otros se les recogió en los caminos, enfermos, para conducirlos al lazareto; esto explica la diferencia entre los casos registrados y las defunciones.

El mayor número de casos que llegó á haber en una semana fué de 65, y el mayor de defunciones de 56. El decrecimiento fué rápido y bien acentuado hasta la completa desaparición de la epidemia.

IX. MEDIDAS DESTINADAS Á IMPEDIR LA REAPARICIÓN DE LA ENFERMEDAD.

Como no bastó que hubiera desaparecido la epidemia, para que cesará todo peligro, fué indispensable dictar una serie de medidas destinadas á impedir su reaparición. El carácter de esta memoria no me permite entrar en detalles y me conformaré con indicar las medidas principales que se han adoptado para tal fin.

En primer lugar, se conservaron las visitas domiciliarias, muy especialmente en las casas que fueron ocupadas por los primeros enfermos cuando aún no se había establecido la naturaleza de la epidemia. Esta visita se repitió también en las casas en donde estuvieron los enfermos con diagnóstico confirmado, y en todas las contiguas y en las que estuvieron habitadas por personas que tuvieron contacto directo ó indirecto con las víctimas. En todas

estas casas se hizo la desinfección por segunda vez y las que eran de poco valor se destruyeron por el fuego, si aquella operación no podía llevarse á cabo de una manera satisfactoria. La desinfección de las ropas encontradas en todas las casas, se hizo también y se repitió la de las que se hallaban depositadas en las casas de préstamos, conocidas con el nombre de empeños. Se continuó la limpieza esmerada de las calles, de los rastros, de los mercados y de los lugares de reunión, así como la destrucción de las basuras por el fuego. Antes de la reapertura de las escuelas, que habían sido clausuradas al comenzar la epidemia, se desinfectaron los locales, y para permitir los servicios religiosos, se exigió á las personas que asistían á los templos, que se presentaran con ropas limpias previamente desinfectadas, y con certificado de haberse bañado. Se continuó la destrucción de las ratas y ratones á las que se había declarado guerra sin tregua durante toda la epidemia, hasta que una comisión especial, encargada de hacer el estudio bacteriológico de la sangre y de otros tejidos de los roedores, hubo demostrado que no estaban ya infectados de la peste. Esta comisión continuó sus trabajos por cerca de un año. Continuó en ejercicio activo la comisión de médicos que expedían los certificados de sanidad á todos los viajeros que salían de Mazatlán, y que se encargó de la desinfección de sus ropas y equipajes y de la de las mercancías enviadas por mar ó por tierra. Continuaron también funcionando por algún tiempo las estaciones sanitarias, ya perfeccionadas en su servicio, que fueron establecidas alrededor de Mazatlán, y hacían la vigilancia tanto de los pasajeros y mercancías que salían del puerto, como de la de los que volvían á él y que habían emigrado durante el curso de la epidemia.

En los pueblos en que se dieron los casos de peste, que he mencionado, se siguieron tomando las mismas precauciones que en Mazatlán.

La exterminación de las ratas se aconsejó no sólo en los lugares que fueron invadidos, sino que también se llevó á cabo en muchas ciudades de la República, y especialmente en la de Culiacán, que se encuentra como á 240 kilómetros de Mazatlán, se hicieron perecer más de 35,000 ratas.

Estas medidas nos permiten asegurar que la peste no reaparecerá en Mazatlán, ni en ningún otro punto del territorio mexicano.

Como se ve, esto no corresponde al año de 1904, pues no ha vuelto á presentarse ningún caso de esa enfermedad después de su desaparición en mayo de 1903; pero me ha parecido de interés introducirla en este informe, para que llegue á conocimiento de todos los señores delegados.

Como anexo No. 3, va un cuadro de la morbilidad y mortalidad por peste bubónica en el puerto de Mazatlán.

II. FIEBRE AMARILLA.

Después de la grave epidemia que se extendió del Estado de Veracruz por el interior del litoral á los de Tamaulipas, Nuevo León, San Luis Potosí, á algunas poblaciones del de Coahuila, á una del Estado de Hidalgo, al de Oaxaca y al de Yucatán, se logró extinguirla completamente en todos los lugares situados al Norte del paralelo que pasa por Veracruz, de modo que al comenzar el año de 1904 no existía más que en el mismo Estado de Veracruz, en una parte del de Oaxaca y en el de Yucatán, como podrá verse en el cuadro que acompaño marcado con el No. 4.

La vigorosa campaña que se ha seguido haciendo, y cuyo detalle consta en el cuadro No. 5, puede resumirse en el siguiente informe, al que, por su brevedad, puedo dar lectura:

Para que la fiebre amarilla se transmita, se necesita la reunión de estos tres elementos: Enfermo de fiebre amarilla, mosquito del género *Stegomyia* que pique al enfermo y persona no inmune que reciba el piquete del mosquito.

El problema para combatir la fiebre amarilla, consiste, pues, en disociar estos tres elementos y voy á exponer la manera con que realizamos la resolución del problema.

I. AISLAMIENTO DEL ENFERMO.

Para poder aislar un enfermo, lo primero que se necesita es saber que existe, y para encontrarlo, procedemos de la manera siguiente: En cada población en donde existe la fiebre amarilla ó se teme que se desarrolle, organizamos una brigada sanitaria. Una parte de ella se ocupa de levantar el padrón de todas las personas no inmunes que existan en dicha localidad. En este padrón se hace constar el nombre, edad, sexo y nacionalidad de cada persona y el lugar de su residencia. Los agentes sanitarios que forman este grupo de la brigada, se dividen la ciudad ó pueblo en donde se hace el combate contra la fiebre amarilla, de manera de poder visitar diariamente á las personas no inmunes. Cuando se encuentra una de éstas, con fiebre, cualquiera que sea la causa que produzca esa fiebre, se le aisla inmediatamente en el Hospital Civil, en el Hospital Militar ó en la Casa de Salud y se le tiene en observación en una sala que tenga sus ventanas provistas de alambrado fino que impida la entrada de los mosquitos y una doble puerta, también de alambrado, dispuesta de manera que cuando se abra la puerta exterior se cierre forzosamente la de afuera. Esto

se consigue por medio de una cadena de cierta longitud que ligue las dos puertas. Este medio es mucho más eficaz que el de cubrir las camas con pabellón, porque éste tiene que abrirse frecuentemente para observar al enfermo, para darle las medicinas, los alimentos, etc., y cada vez que se abre el pabellón, se corre el peligro de que entre un mosquito ó de que cuando el pabellón esté aplicado, por accidente, al cuerpo del enfermo, el mosquito lo pique á través de él; mientras que estando en un cuarto de donde se han sacado previamente los mosquitos y á donde no puedan volver á entrar, el contacto con el elemento transmisor se hace verdaderamente imposible. Otra ventaja que tiene este medio de aislamiento, es, que se pueden tener en la misma sala á un enfermo confirmado ya de fiebre amarilla y otro sospechoso de tenerla, sin que este segundo esté expuesto á contraer la enfermedad.

Como se acaba de ver, en nuestro plan de campaña no esperamos á que se confirme la existencia de la fiebre amarilla, sino que aislamos al enfermo desde el día que aparece la fiebre y por consiguiente lo secuestramos durante los tres primeros días que son los peligrosos para infectar á los mosquitos. La experiencia nos ha demostrado la eficacia de la manera con que procedemos al aislamiento de los enfermos.

II. DESINFECCIÓN DE LAS HABITACIONES OCUPADAS POR EL ENFERMO.

En el tiempo que transcurre entre el momento en que una persona contrae la fiebre amarilla y aquel en que la descubren nuestros agentes, puede ser picada por los mosquitos, infectarse éstos y estar aptos para transmitir la enfermedad. Para evitar este peligro procedemos á la desinfección de la habitación, tan pronto como la desocupa el enfermo. La desinfección en este caso no tiene más que un sólo objeto, la destrucción de los mosquitos. Para conseguirla, cerramos á la manera ordinaria el cuarto, cubrimos todas las rendijas con papel manila engrudado y después de hecha esta operación se procede á quemar el azufre en la proporción de 20 gramos por cada metro cúbico de capacidad, pero dispuesto el azufre en capa muy extendida para que no deje de quemarse toda la cantidad que se ha colocado. En esta práctica que es tan común y conocida hemos introducido otra innovación que me importante y es ésta: Como es muy difícil saber si la desinfección ha sido eficaz, colocamos en el lugar más apartado del cuarto mosquitos no infectados, que hemos tomado en el exterior de la pieza y que colocamos en un tubo abierto ó cerrado solamente por una tela burda para que permita la introducción del ácido sulfuroso y no la salida del mosquito. Estos mosquitos nos sirven de testigo. Si al terminar la desinfección estos mosquitos que estaban en condiciones desfavorables para sufrir la acción del ácido sulfuroso se encuentran muertos, tendremos la prueba de que han muerto todos los de más en el mismo cuarto y en condiciones más favorables para recibir el ácido sulfuroso. Si por el contrario están vivos, es la prueba que la desinfección no fué bien ejecutada y habrá que repetirla.

Ya en la reunión pasada expliqué la manera de hacer la desinfección en las chozas que en nuestro país se llaman "jacales." No tendré que repetirla ahora, y que me baste solamente consignar este hecho, que no hay ninguna habitación que no pueda ser perfectamente privada del mosquito.

Para desinfectar los coches Pullman, los carros de ferrocarril ó los espacios muy limitados en donde hay objetos delicados que se puedan alterar, empleamos la formaldehida.

En los almacenes de ropa en donde el azufre, el piretro y hasta la formaldehida pueden alterar los colores de las mercancías, hemos empleado ya el ácido cianhídrico cuyo resultado es tan eficaz como el del azufre y que no tiene los inconvenientes de éste para averiar las mercancías; pero que en cambio no puede ser empleado sino por personas muy hábiles en su manejo.

III. DESTRUCCIÓN DE LAS LARVAS DE LOS MOSQUITOS.

Otro grupo de la brigada de los agentes sanitarios se ocupa de visitar día á día y casa por casa los depósitos de agua que sirven para el consumo de cada familia. Si el depósito se encuentra con larvas, se le vacía y el lugar en donde el agua se derrama, se cubre de petróleo; se lava el depósito restregando el interior de manera de no dejar ninguna larva viva; se le llena de agua pura y se le cubre con una tapa unida ó de malla de alambre, ó con una capa de petróleo. Todos los otros depósitos de agua se cubren de petróleo, cualquiera que sea la extensión que tengan y aun cuando sean muy pequeños.

Como se acaba de escuchar, las prácticas en las cuales hemos introducido innovación sobre la manera con que se procede en otros países es la siguiente:

I. Formar el padrón de los no inmunes.

II. Hacerles visita domiciliaria cada día, para poder descubrir un enfermo el mismo día en que comienza la enfermedad.

III. No usar de los pabellones porque su aplicación para el aislamiento es ineficaz, sino poner desde luego á los enfermos en salas que tengan sus ventanas alambradas y sus puertas dobles, también alambradas.

IV. Para convencernos de que la desinfección ha sido eficaz, colocamos mosquitos testigos en condiciones muy desfavorables para que puedan ser alcanzados por la acción del desinfectante. Si al terminar la prueba estos mosquitos están muertos, podemos asegurar que la desinfección estuvo bien hecha.

V. Que tenemos medio de hacer imposible el escape de los mosquitos de la habitación que se desinfecta, aun cuando esta habitación sea una choza que tenga sus paredes y techos construidos de rama ó de zacate ó cualquiera otro material permeable.

Para impedir que la enfermedad ataque á una población en donde hay *Stegomyia*, hemos procedido de esta manera:

En toda población de esta última clase establecemos una inspección á la llegada de los trenes y en aquellas otras por donde llegan los pasajeros que caminan en automóvil, en coche, á caballo ó aun á pie. Se examina á todos los pasajeros que se han de quedar en la localidad y se les tiene en observación bajo la vigilancia de nuestras brigadas sanitarias ó de policía hasta que han transcurrido cinco días después de su llegada. En los lugares ya invadidos por la fiebre amarilla, se hace la misma inspección con todos los pasajeros que parten por los trenes de ferrocarril y se impide que se embarquen los que están enfermos y que siendo no inmunes tienen fiebre. Como pudieran embarcarse en las estaciones intermedias, pasajeros, hacemos viajar incesantemente agentes sanitarios en los ferrocarriles que atraviesan los lugares infectados, que lo son actualmente los pueblos pequeños del Estado de Veracruz y los que atraviesa el Ferrocarril del Istmo de Tehuantepec; de tal modo que viajan agentes entre Veracruz y Tierra Blanca; de Córdoba á Tierra Blanca; de Tierra Blanca á Santa Lucrecia; de Coatzacoalcos á Santa Lucrecia; de Santa Lucrecia á Tehauntepec y Salina Cruz. Si un enfermo se encuentra en cualquiera de estos trayectos, es llevado á la casa de salud más inmediata y en la noche se hace desinfectar el Pullman ó el coche de ferrocarril el cual se condujo al enfermo.

Organizados nuestros servicios de esta manera, los hemos continuado en Yucatán á pesar de que desde el día 27 del mes de noviembre último no se ha dado un sólo caso de fiebre amarilla ni en Mérida, ni en Progreso, ni en ningún otro pueblo del Estado antes citado, desde julio 24 de 1905, habiéndose observado otro únicamente en febrero 6 de este año. En Veracruz no se dió ningún caso de enfermedad desde el 29 de diciembre del año de 1904 hasta el 11 de julio del año en curso. A pesar de la vigilancia que hemos tenido, es posible que algún enfermo que no llegó por el ferrocarril ni por los caminos frecuentados ordinariamente, haya penetrado clandestinamente á la población y haya podido permanecer oculto, y como no estaba en el padrón no pudo ser vigilado por los agentes sanitarios. Esta es la única razón que podemos darnos de la aparición de la enfermeadd en el puerto de Veracruz. En Tehuantepec tenemos establecida una brigada sanitaria y un lazareto, á pesar de que el último caso originado en la población se observó en 5 de diciembre anterior, pues otro que ha habido en 26 de abril fué importado de Santa Lucrecia. Otro servicio establecido en Salina Cruz, en donde el último caso registrado fué en octubre 27 de 1904. Por último, en Tierra Blanca, en donde se formó un pequeño foco. Tierra Blanca es una pequeña aldea, en donde se juntan tres ramales del Ferrocarril de Veracruz al Pacífico. La población se compone de personas no inmunes, de escasos recursos, que son empleados y trabajadores del mencionado ferrocarril. Como la población es cosmopolita y muy pobre, ha sido difícil extinguir completamente la enfermedad y por eso se ha establecido allí una brigada sanitaria.

En los demás lugares de la pequeña zona infectada en donde aparecen casos aislados, se envía inmediatamente á un médico con agentes sanitarios experimentados á que procedan á la visita domiciliaria, á la desinfección de las casas y la destrucción de las larvas de los mosquitos.

El adjunto cuadro (No. 1) manifiesta el número de casos de fiebre amarilla que se registraron en las poblaciones en él mencionadas, con expresión de los que hubo en cada una de ellas y el de las defunciones originadas por esa enfermedad en los mismos lugares y durante el año de 1904. Se ve, pues, que los casos registrados fueron 635 y las defunciones fueron 197, en toda la extensión de la República.

El adjunto cuadro (No. 2) representa el número de casos registrados y las defunciones que causaron en cada una de las poblaciones en él citadas, desde el 1° de enero hasta el 1° de agosto del año actual. Como se ve por él, los casos registrados fueron 70 y las defunciones 33.

Comparando las cifras de casos registrados en el año anterior con los del actual, hay una diferencia de 565, como resultado de la campaña hecha durante este período de tiempo.

El mapa No. 1 representa en puntos amarillos los lugares que fueron invadidos por la enfermedad, y con puntos rojos los lugares en que están establecidas las brigadas sanitarias.

El cuadro No. 3 representa el número de visitas domiciliarias practicadas á los no inmunes; el de depósitos de agua, que fueron examinados y limpiados de larvas; el número de depósitos de agua que fueron cubiertos de petróleo; el de desinfecciones hechas, de casas y de solares limpiados; de notificaciones hechas á los propietarios para que mejoraran las condiciones de sus casas.

Por todo lo expuesto se verá el éxito alcanzado hasta ahora en Méjico en la lucha contra la fiebre amarilla y la seguridad de que en porvenir no lejano, la enfermedad quedará definitivamente extinguida como lo ha sido en la Isla de Cuba.

El resultado de estas medidas ha sido que la enfermedad ha disminuido en la proporción que indica el cuadro No. 4, correspondiente á los meses transcurridos del 1° de enero al 31 de agosto de 1905.

Las cifras del número de casos registrados en 1904 y 1905 demuestran el beneficio obtenido en la campaña, que se seguirá con mucho tesón hasta hacer desaparecer la fiebre amarilla de toda la República Mejicana

(*b*) *Un sumario de las leyes sanitarias y de cuarentena que se hayan dictado después de la primera convención.*

Las disposiciones que se han dictado en la República Mejicana después de la convención de 1902, modificando la legislación sanitaria que existía antes de esa época, están consignadas en el Código Sanitario de los Estados Unidos Mejicanos, en el Título I, Capítulo 1°, y en los artículos del 24 al 30, que á continuación copio:

"Art. 24. Los cónsules comunicarán al consejo por la vía telegrafieá la aparición del cólera, de la peste bubónica ó de la fibre amarilla en la localidad donde residan, indicando la fecha en que se hayan observado los primeros casos, y cuidarán, mientras dure la epidemia, de comunicar al mismo cuerpo, á la salida de cualquier buque con destino á la República, el estado sanitario de éste y el del puerto de donde sale.

"Art. 25. En los puertos extranjeros en donde es endémica la fiebre amarilla, los cónsules, al visar ó expedir las patentes de sanidad, anotarán en ellas si en el momento de expedirlas hay casos de dicha enfermedad en el puerto.

"Art. 26. Las medidas de profilaxis en los puertos mejicanos, con objeto de impedir la importación de las enfermedades epidémicas y transmisibles, consistirán: 1°, en la inspección médica sanitaria de las embarcaciones; 2°, en la vigilancia y aun aislamiento de los pasajeros sospechosos; 3°, en el aislamiento de los enfermos hasta su completa curación en los lazaretos ó lugares aislados de la localidad; 4°, en la desinfección de las embracaciones, equipajes y mercancías que lo requieran, y 5°, en la destrucción de los animales conductores del contagio.

"Art. 27. Las medidas de profilaxis á que se refiere el artículo anterior se sujetarán en todo á lo que prevenga el Reglamento de Sanidad Marítima, quedando facultados el Consejo Superior de Salubridad y sus delegados en los puertos, para detener las embarcaciones por el tiempo que fuere necessario, mientras se practican dichas medidas.

"Art. 28. Al Reglamento de Sanidad Marítima se sujetará el régimen sanitario de los puertos en todo lo que se refiere á admisión de buques, visitas de entrada y salida de éstos, expedición de patentes, prohibición de introducir mercancías, y su destrucción y desinfección, tanto de ellas como de los equipajes y de las embarcaciones.

"Art. 29. Las materias peligrosas para el contagio y cuya desinfección no ofrezca garantías, no se internarán; y si fueren abandonadas por el buque que las trajo, se destruirán por el fuego.

"Art. 30. El Ejecutivo de la Unión declarará, previo informe del Consejo Superior de Salubridad, cuándo se han de considerar infectados ó sospechosos los puertos extranjeros."

Me permito llamar la atención especialmente sobre los artículos 26 y 27, porque tienden á abolir prácticamente las cuarentenas, sustituyéndolas, como se acaba de escuchar, con la inspección sanitaria de las embarcaciones, con la vigilancia y aun el aislamiento de los pasajeros sospechosos, con el aislamiento de los enfermos hasta su completa curación, con la desinfección de embarcaciones, equipajes y mercancías que la requieran y con la destrucción de los animales conductores del contagio. El artículo 27 declara que las embarcaciones serán detenidas en los puertos solamente el tiempo necesario para practicar las medidas que se acaban de mencionar.

Señores, como acabáis de oír, la legislación mejicana se ha sujetado á la fórmula que tuve la honra de proponer en la convención de 1902, relativa á la doctrina que debe normar las medidas cuarentenarias desde el momento en que la ciencia ha servido de base á las resoluciones que se tomen en congresos semejantes al actual. He aquí esta fórmula:

Proteger los intereses de la salud pública, sin perjudicar ó perjudicando lo menos posible los intereses del comercio y la libre comunicación de los hombers.

Entre las resoluciones adoptadas por esa convención, la segunda de ellas dice:

"Se resuelve, Que el período de detención y desinfección en las estaciones de cuarentena marítima ha de ser el más breve posible, compatible con la seguridad pública y de acuerdo con los preceptos de la ciencia."

Como se ve, la República Mejicana, al expedir su código sanitario en 30 de diciembre de 1902, se conformó estrictamente con las resoluciones adoptadas por aquella convención el 5 del mismo mes y año.

Ojalá, señores, que los Gobiernos de las Repúblicas que están aquí reunidas ahora, inspirándose en la resolución unánime adoptada en la convención de 1902, pusieran sus leyes sanitarias de acuerdo con esta resolución convertida ya en ley por el Gobierno Mejicano.

Es preciso convencerse de que el estado actual de la civilización reclama de los Gobiernos de todos los países, que debe dejar de ser el miedo, el que dicte las disposiciones cuarentenarias, porque de esa manera serán siempre excesivas, sobrepasarán el fin que se proponen, serán ineficaces, como lo demostré en mi discurso de 1902, y deben ser sustituidas por las medidas que dicte la razón desapasionada y fundadas por una parte en los conocimientos preciosos que nos proporciona actualmente la ciencia sanitaria, y por otra parte, en el empeño de no perjudicar ó perjudicando lo menos posible los intereses del comercio y la libre comunicación de los hombres.

Como en la reunión anterior oí expresar la opinión de que mis propósitos eran en cierto modo idealistas y que encontrarían un escollo en la práctica diaria, pues abreviando los períodos de detención de las embarcaciones sospechsas se correría el peligro de no resguardar suficientemente los intereses de la salud pública, voy á permitirme llamar la atención de las personas que bondadosamente me escuchan, sobre esta consideración:

Nuestras leyes sanitarias, inspiradas en los dos preceptos que acabo de mencionar, nos han permitido defender á nuestros puertos del litoral del Pacífico, y por consiguiente defender á los puertos extranjeros, durante la epidemia de peste bubónica que invadió el puerto de Mazatlán, desde el mes de octubre de 1902 hasta el mes de mayo de 1903. Estas mismas leyes sanitarias nos han permitido impedir que la fiebre amarilla, que reinó el año pasado todavía en los puertos de Veracruz, Coatzacoalcos y Progreso, se propagara al de Tampico y á nuestros otros puertos del litoral del Golfo; esas leyes, sin aumento ni modificación alguna, nos han servido para defendernos de la epidemia de Belize y nos están defendiendo todavía en el momento actual de la grande epidemia que reina en Nueva Orleans, sin que hayamos tenido que aumentar nuestros medios de defensa ni agregar una sola medida restrictiva á las embarcaciones que llegan procedentes de los lugares antes citados; ellas nos siguen protegiendo todavía contra la peste, que ha seguido reinando en la República de Chile. Luego podemos asegurar que nuestras leyes sanitarias, inspiradas por la doctrina que desde hace tanto tiempo vengo sosteniendo, de proteger los intereses de la salud pública sin perjudicar ó perjudicando lo menos posible los intereses del comercio y la libre comunicación de los hombres, no es una utopía, sino un precepto que se puede llevar á la práctica y que ha soportado victoriosamente la prueba de la experiencia.

Nuestra legislación sobre policía sanitaria internacional es tan liberal ó más que la ley inglesa, pero lo es á no dudarlo más que la legislación de todos los demás países, y yo vengo á suplicar á la Convención que las Repúblicas que están aquí representadas adopten una práctica semejante á la nuestra, que está fundada en los preceptos de la ciencia, garantizada por la experiencia y que favorece más que otra alguna los intereses del comercio y la libre comunicación de los hombres.

Aun cuando no de carácter legal, pero sí por el interés que tiene para todos los pueblos que se encuentran invadidos por la fiebre amarilla, creo que tendrá interés la exposición de las medidas que se han ido adoptando sucesivamente en la República Mejicana para luchar contra esa enfermedad y que van marcadas con los nombres de: "Defensa contra la fiebre amarilla" y "Nuveo plan de campaña contra la fiebre amarilla," y por último, el resumen á que dí lectura al comenzar este informe. Los dos primeros opúsculos los presento como anexos y van marcados con los Nos. 7 y 8.

No quiero terminar esta parte de mi relación sin indicar, aun cuando sea de una manera sumaria, las medidas que se van á adoptar para combatir la malaria.

III. MALARIA.

Una de las enfermedades transmisibles que han hecho mayor número de víctmas es el impaludismo. El cólera, la peste bubónica, la fiebre amarilla, no son comparables desde este punto de vista, porque todas estas afecciones son agudas y localizadas, su repartición geográfica es limitada. El impaludismo es crónico y universal; todos los países del mundo han tenido que sufrirlo y continúan sufriéndolo.

Los conocimientos científicos que actualmente se tienen sobre la etiología, patogenia, diagnóstico, marcha, variedades y tratamiento del impaludismo, permitirán obtener la completa terminación de esta plaga, que ha sido una de las calamidades que más daño han hecho á la humanidad.

El impaludismo necesita, para producirse, un enfermo palúdico, mosquitos anopheles y un individuo predispuesto.

Cuando el enfermo es picado por un mosquito del género anopheles, toma de la sangre un parásito de los protozoarios al estado de gameta, llamado por Laverán, su descubridor, "hematozoario del paludismo."

El hematozoario de Laverán se persenta en la sangre de los palúdicos en cuatro formas principales, que se llaman: Cuerpos esféricos, flagella, cuerpos semilunares y cuerpos segmentados ó rosáceos.

El único medio infalible de saber que un enfermo tiene malaria, es el que da el examen microscópico de la sangre. Efectivamente, la clínica nos enseña que el síntoma "fibre intermitente" no es exclusivamente propio de la malaria, sino que se presenta en otros estados morbosos diferentes. Para asegurar con entera certeza el diagnóstico de "malaria," el examen miscroscópico es una necesidad. La observación en un glóbulo de alguno de los parásitos que hemos descrito, basta por establecer el diagnóstico; porque estos parásitos se se cuentran única y exclusivamente en la sangre de los palúdicos.

El hematozoario de Laverán, en su evolución, tiene necesidad de atravesar dos organismos completamente diferentes para recorrer todas las fases de su ciclo evolutivo. Uno de estos organismos es el hombre; el otro es el cuerpo del anopheles.

Las hembras de estos insectos ponen sus huevos en los depósitos de aguas claras y límpidas y de poca profundidad, á la orilla de las corrientes de aguas ó de los pantanos ó aun en las pequeñas oquedades que dejan los animales al pisar en el suelo blando. Los huevos, las larvas y las ninfas necesitan del agua para desarrollarse.

Como para la propagación de la fiebre amarilla, la del paludismo necesita de estos tres elementos:

1. Enfermo de paludismo;
2. Mosquito del género anopheles que le pique, y
3. Persona predispuesta que reciba la inoculación por el piquete del mosquito ya infectado.

Se necesita, pues, para impedir la propagación de la malaria, la disociación de los dos primeros elementos y la inmunización de los enfermos y de las personas predispuestas, gracias á la quinina que tiene una acción especial sobre el hematozoario de Laverán.

De estas consideraciones se deducen las medidas que deberán adoptarse para evitar la propagación de la malaria, y son:

1. El aislamiento y la curación de los enfermos;
2. La destrucción de los mosquitos ya infectados;
3. La inmunización de las personas predispuestas, y
4. Los medios destinados á impedir el desarrollo de nuevas generaciones de mosquitos y la destrucción de las larvas que ya se hayan formado.

I. EL AISLAMIENTO Y LA CURACIÓN DEL ENFERMO.

El primero de estos problemas, el aislamiento, es en este caso menos fácilmente ejecutable que en la fiebre amarilla, porque ésta es una enfermedad aguda que obliga á los enfermos á guardar cama. La rapidez con que pasa la enfermedad y la necesidad de guardar cama, hacen fácil y pasajero el aislamiento. Mientras que en la malaria, sólo en las formas de marcha aguda ó de grande intensidad, el enfermo se ve obligado á guardar cama. Los demás enfermos entran, salen, hacen sus ocupaciones y pueden ser picados por los anopheles.

El recurso del aislamiento, es, pues, un medio poco eficaz como destinado á impedir el primer factor; enfermo que el mosquito pueda picar.

Por insuficiente que sea este medio, debe emplearse siempre que se pueda, pues cada enfermo que se pone en condiciones de no ser picado por el mosquito anopheles, es un foco menos de propagación de la enfermedad. El aislamiento del enfermo, para este caso, como para el de la fiebre amarilla, consiste en colocarlo en un cuarto que tenga sus ventanas provistas de mallas de alambre bastante fino para que no permita la entrada de los mosquitos, y de puertas dobles, también alambradas y dispuestas de tal modo, que para abrirse al exterior, tenga que cerrarse la interior, y que para abrirse ésta se cierre forzosamente la exterior. Esto se consigue por medio de una cadena de determinada longitud.

Otro medio de aislamiento consiste en colocar al derredor de la cama un pabellón; pero ya al hablar de la fiebre amarilla indiqué el inconveniente que tiene este sistema, que, por otra parte, es muy útil si se emplea como recurso profiláctico.

El segundo de los problemas, el de la curación del enfermo, es reclamado por esta circunstancia especial: que la fiebre amarilla determina la inmunidad de la persona que ha sufrido el primer ataque y el enfermo palúdico no contrae esa inmunidad. Otra razón es que el enfermo de fiebre amarilla no puede suministrar el germen que produce la enfermedad sino en los tres primeros días de ésta, mientras que el palúdico conserva el hematozoario todo el tiempo que dura la enfermedad. De estos hechos de observación se deduce: que el enfermo de fiebre amarilla deja de ser un foco de infección desde que pasan los tres primeros días de la enfermedad, en tanto que el palúdico es un foco de propagación, mientras dura enfermo; y como la enfermedad permite frecuentemente á los enfermos: que entren, que salgan, que hagan sus ocupaciones, etc., están constantemente expuestos á ser picados por los mosquitos á los cuales infectarán. De aquí proviene la necesidad no solamente de aislar á los enfermos, sino de curarlos hasta su completo restablecimiento.

Por fortuna, hay dos recursos con que se puede contar: el primero, es hacerlos salir del lugar donde existan anopheles que puedan picarlos. Este medio es conocido desde la más remota antigüedad. El otro recurso es el de la administración de las sales de quinina, pues se sabe que esta sustancia medicinal tiene la propiedad de destruir el hematozoario en la sangre.

No debo detenerme en los detalles de la manera de curar por medio de la quinina, pues esto saldría del plan que me he propuesto seguir en esta memoria; pero de lo antes expuesto se pueden sacar estas dos conclusiones: primera, es preciso aislar al enfermo, siempre que esto sea posible; segunda, es preciso curarlo, hasta que haya desaparecido de la sangre el hematozoario de Laverán.

Como se ha podido juzgar, estos recursos no son tan eficaces, tratándose de la malaria como lo son tratándose de lo que se refiere á la fiebre amarilla. El ideal sería aislar absolutamente por todo el tiempo que dura la enfermedad á los enfermos de la malaria; pero como esto no es ejecutable, se hará en la medida de lo posible.

II. LA DESTRUCCIÓN DE LOS MOSQUITOS YA INFECTADOS.

Este segundo problema queda tan eficaz tratándose del paludismo, como lo ha sido cuando nos ocupamos de él á propósito de la fiebre amarilla. En efecto, el enfermo de paludismo no es peligroso sino porque pueda ser picado por los mosquitos del género anopheles, que se infectan, chupando, con la sangre, los hematozoarios de Laverán.

La destrucción de estos mosquitos se hace por los mismos medios que indique al tratar de la fiebre amarilla, y por este motivo no me detendré en describirlos.

III. LA INMUNIZACIÓN DE LAS PERSONAS PREDISPUESTAS.

Si no tenemos la fortuna de que un primer ataque de malaria haga inmune al que lo ha sufrido, ni tenemos aún ninguna que le dé esa inmunidad, contamos con el recurso de que las dosis pequeñas de quinina, largo tiempo continuadas, le producen la inmunidad. De aquí se saca el precepto de administrar la quinina en pequeñas dosis á todas las personas que habitan los países palustres en las épocas en que se desarrollan las epidemias de malaria.

Experimentos repetidos y constantes observaciones han demostrado que basta la administración de 10 á 20 centigramos de quinina, cada día, para convertir en inmunes á personas predispuestas.

Los ensayos que en pequeña escala ha estado haciendo el Consejo Superior de Salubridad en una finca de campo llamada "El Dorado," situada en el Estado de Sinaloa, uno de los más azotados por esta enfermedad, como se podrá ver en el mapa que como anexo presento, han sido satisfactorios, como lo demuestra el siguiente cuadro:

Resultados profilácticos de la administración cuotidiana de una dosis pequeña, 10 centigramos, de quinina durante la zafra.

Número de personas—	No atacadas.	Atacadas.	Total.
Que la tomaron con regularidad	85	2	87
Que la tomaron sin regularidad	33	12	45
En quienes no pudo observarse el efecto por haber dejado la localidad	.....	.....	18
Á quienes fué dado durante un período de tres meses y medio	.....	.....	150

IV. LOS MEDIOS DESTINADOS Á IMPEDIR EL DESARROLLO DE NUEVAS GENERACIONES DE MOSQUITOS Y LA DESTRUCCIÓN DE LAS LARVAS QUE YA SE HAYAN FORMADO.

Como no sería posible entrar en el detalle de cada uno de los medios que enseñó primero la observación y que ha demostrado después la experimentación, voy á enumerarlos solamente.

Una experiencia muy antigua, pero que fué ejecutada sistemáticamente en Inglaterra, hace ya tres cuartos de siglo, ha demostrado que canalizando los terrenos pantanosos; dando fácil corriente á las aguas; convirtiendo en tierras de labor los terrenos pantanosos y hasta favoreciendo la plantación de árboles de rápido crecimiento y que necesitan para su nutrición y desarrollo de una gran cantidad de agua, como sucede con los eucaliptus, se han llegado á sanear completamente terrenos que habían sido por muchos años antes focos de malaria, y se han devuelto esos terrenos á la agricultura. Es, pues, un medio de una eficacia incontestable, como profiláctico de la malaria, porque impide que se desarrollen en ellos los mosquitos del género anopheles, transmisores de la enfermedad.

Los pequeños pantanos y los charcos que por las condiciones del terreno no puedan ser canalizados ó drenados, podrán rellenarse con tierra, y se hacen desaparecer por este medio depósitos de agua en donde las hembras de los anopheles podrían poner sus huevos.

En aquellos otros depósitos de agua que por cualquiera otra circunstancia no puedan ser canalizados, ni plantados de árboles, ni rellenados con tierra, queda el recurso de cubrirlos con una capa delgada de mezcla de petróleo crudo y petróleo refinado.

Por último, la destrucción de las larvas en los depósitos de agua del interior de las habitaciones ó de los lugares que las rodean inmediatamente, y practicada en la forma que se emplea para destruir las larvas de los mosquitos *Stegomyia* y de la cual me ocupé con detalle al tratar de la fiebre amarilla, es otro recurso con que se puede contar para disminuir las generaciones de mosquitos *Anopheles*, en lugares en donde éstos viven habitualmente.

He aquí en un resumen brevísimo las bases que adoptará el Gobierno mejicano para emprender la campaña contra el impaludismo.

Para cumplir con el programa aceptado por la convención, presento á los señores delegados el mapa que señala la distribución geográfica y la intensidad relativa de la malaria en los diferentes Estados de la República; un cuadro que expresa la mortalidad por esta enfermedad en los mismos Estados, y por último, otro cuadro gráfico que representa la mortalidad ocasionada en diversos puertos de la República Mejicana, en un decenio.

(*c*) *Todo trabajo sanitario especial que se está ejecutando ó se trata de llevar á cabo.*

El Gobierno de Méjico tiene el propósito de sanear todos los puertos de importancia de la República, y á este respecto se ha comenzado ya y están á punto de terminarse las obras de saneamiento, abastecimiento de agua potable en cantidad suficiente para las necesidades de los habitantes y pavimentación conveniente de las calles que permita conservarlas aseadas, y lo mismo en los puertos de Tampico, Veracruz, Coatzacoalcos, Salina Cruz, Manzanillo, teniéndose en estudio las de Mazatlán y demás puertos.

En Tampico las obras de saneamiento tocan ya á su conclusión, pues en el sistema proyectado de atarjeas, que tiene un desarrollo de 12,500 metros, se han construído ya 10,000, y en el de entubación de aguas ha quedado colocada la tubería principal y 10,500 metros de tubos de distribución.

El abastecimiento de aguas ha quedado prácticamente concluído, pues sólo falta construír una porción de depósito de clarificación en el Camalote y otra del relleno en los lugares bajos de la población. Se concluyó el dragado frente al muelle fiscal y continúase el del frente de los muelles laterales.

En Veracruz se han terminado la construcción del colector principal, el canal de desagüe ó desembocadura, la instalación de bombas de la zona que está en la orilla del mar, lo mismo que las obras de saneamiento de la parte más poblada de la ciudad y se ha comenzado la construcción de los colectores para el drenaje superficial de los terrenos ganados al mar.

El agua que sirve para las necesidades de la población está captada, entubada y repartida á domicilio.

Se ha procedido á contratar la pavimentación de la ciudad y muy próximamente se comenzará esta obra, siendo el pavimento de las principales calles de asfalto y de adoquín, y guijarro el de las demás.

Existe ya concluída una estación sanitaria que consta de varios departamentos que son: Oficinas de la delegación; almacén, lugar de incineración; departamento de desinfección por el ácido sulfuroso ó la formaldehída; departamento de baños de primera, segunda y tercera clase para caballeros; excusados para señoras y para caballeros; departamento de las estufas de desinfección, construcción de los más grandes modelos que se usan en el mundo. Hay, además, también en Veracruz, un lazareto para enfermos y sospechosos, instalado en el islote que se llama de Sacrificios.

En el puerto de Coatzacoalcos se han emprendido también obras de saneamiento que permite tener ya á la ciudad en buenas condiciones higiénicas.

Quedan rellenados 70,000 metros cuadrados de terraplen y se ha procedido á la limpieza de todas las calles y casas. Se dispone de un lazareto bien acondicionado. Por el lado del litoral del Pacífico se tiene el lazareto de Acapulco, construído en la isla de la Roqueta.

En el puerto de Manzanillo se están emprendiendo los trabajos de un canal de saneamiento para la introducción y conservación de las aguas del mar en la parte norte de la Laguna de Cuyutlán, dividiéndola mediante un dique de la parte meridional de la propia laguna ocupada por salinas y del desagüe ó saneamiento de la Laguna de San Pedrito, por medio de un canal, ya sea de derivación, desecación ó de introducción de las aguas del mar.

Se están construyendo estaciones sanitarias análogas á la de Veracruz en los puertos de Tampico, Mazatlán, Coatzacoalcos, y Salina Cruz, y se tienen proyectadas las de los puertos de San Blas, Manzanillo y Progreso.

Hay instaladas estufas de desinfección en los puertos Tampico, Veracruz y Progreso en el Golfo, y en Acapulco, Salina Cruz, Mazatlán y Guaymas, del Pacífico. Están para instalarse estufas en Manzanillo, San Blas, La Paz, Santa Rosalía y Ensenada, puertos del Pacífico, y en Coatzacoalcos por el lado del Golfo.

Se tienen, además, instaladas estufas de desinfección en la frontera del norte, en las ciudades de Laredo, Porfirio Díaz, Juárez y en la villa de Nogales.

Casos y defunciones ocasionados por la fiebre amarilla en la República durante el año de 1905.

	Veracruz.					Yucatán.		Oaxaca.		Total.
	Veracruz.	Jaltipan.	Coatzacoalcos.	Texistepec.	Acayucan.	Mérida.	Progreso.	Tehuantepec.	Salina Cruz.	
Casos	76	6	99	253	6	49	34	72	40	635
Defunciones	13	2	25	77	5	25	15	30	5	197

Casos y defunciones ocasionados por la fiebre amarilla en la República, de enero á agosto de 1905.

	Veracruz.			Yucatán.		Oaxaca.		Total.
	Veracruz.	Coatzacoalcos.	Tierra Blanca.	Progreso.	Mérida.	Tehuantepec.	Juchitán.	
Casos	18	15	27	1	1	5	3	70
Defunciones	4	4	18	1	2	1	3	33

INFORME DEL DR. J. L. MEDINA, DELEGADO DE NICARAGUA.

Señores Delegados de la Conferencia Sanitaria: Considero como un alto honor el poder hacer uso de la palabra en esta ocasión.

De acuerdo con los requisitos del programa científico, tengo el gusto de hacer las siguientes breves declaraciones:

LA PESTE BUBÓNICA.

Con satisfacción digo que con toda seguridad no hemos tenido en Nicaragua un sólo caso de peste bubónica.

Desde que apareció este mal en Panamá y en otros puntos del continente americano se tomaron medidas radicales en Nicaragua para protergenos contra esta enfermedad tan temida.

LA FIEBRE AMARILLA.

Durante el año pasado ocurrieron en Managua dos casos de fiebre amarilla. Uno de ellos fué un pasajero que vino en buque procedente de Panamá, desarrollandose la enfermedad después de su arribo á Nicaragua. El segundo caso fué expuesto á la infección. Ambos fueron asistidos con los últimos métodos, el aislamiento del paciente y su protección con tela metálica, impidiendo de este modo la propagación del mal.

En la costa del Atlántico, á pesar del hecho de que nuestros puertos se hallan tan próximos á Nueva Orleans, en donde ha prevalecido la fiebre amarilla por espacio de algunos meses, no se ha registrado ningún caso de la fiebre, y esperamos continuar libres de toda infección.

LA FIEBRE PALÚDICA.

Como en casi todas las regiones tropicales, en Nicaragua son comunes los casos de infección palúdica, bajo distintas formas. Casi siempre tiene éxito el tratamiento con las medicinas ordinarias, pero es mucho mejor el cambio de clima.

Nuestro clima es extremadamente favorable para la salud general de los indígenas y los extranjeros. Durante todo el año gozamos de una temperatura casi uniforme, que varía de 70° á 80° Fahrenheit.

Nicaragua tiene hospitales bastantes buenos en todas las principales ciudades, dotados de pabellones separados para el aislamiento de los casos de enfermedades contagiosas, y están equipados con todos los adelantos modernos en manos de personas competentes.

Los municipios, bajo la inspección de los gobernadores de los Estados respectivos, tienen á su cargo la creación de las juntas locales de sanidad, desempeñando sus deberes del mejor modo que pueden, y con facultades para dictar y establecer las leyes necesarias para la eficacia de sus medidas en interés de la higiene de sus localidades.

La importancia de la junta marítima de sanidad, bajo leyes y reglamentos uniformes, es mayor ahora que antes en la América Central, debido á la construcción del Canal de Panamá. Las obras que se están llevando á cabo en el Istmo son actualmente, y lo serán por espacio de algunos años venideros, una amenaza constante á la salud pública de todos los países vecinos.

Siendo este un Congreso Sanitario Internacional, y puramente americano, estoy seguro que cada una de las naciones representadas en él harán todo lo posible para el éxito de la Conferencia, llevando á cabo fielmente y de una manera práctica todas sus indicaciones.

Estando la República de Nicaragua perfectamente al tanto del progreso del mundo en la ciencia médica y de saneamiento, deseamos hacer todo lo que está á nuestro alcance para dar al público y á nuestros vecinos la confianza que solamente un bien organizado cuerpo marítimo sanitario puede proporcionar á un país civilizado.

Esta Conferencia tiene actualmente en estudio la adopción de tratados que obliguen á los Gobiernos aquí representados á la observancia de las reglas prescritas relativas al servicio de cuarentenas, asegurando de este modo la salud del pueblo de estos países, y evitando al mismo tiempo la obstrucción del comercio.

Para llevar á cabo los acuerdos de esta Conferencia, creo yo que nuestras Repúblicas centroamericanas deben hacer lo que ya Cuba y Méjico han hecho con los resultados más admirables y el aplauso del universo entero. El primer paso que debía dar en Centro América para llevar á cabo este proyecto es la reorganización de las respectivas juntas de sanidad para el servicio de cuarentena, bajo leyes y reglamentos uniformes y de bases puramente científicas, y si esta Conferencia nos ayudara con este objeto, merecería nuestra gratitud eterna.

INFORME DEL DELEGADO DEL PERÚ, DR. DANIEL EDUARDO LAVORERÍA.

La República del Perú, en cuyo nombre tengo el honor de hablar, por causas que en mi país se lamentan, no tuvo representación oficial en la Primera Convención Sanitaria Internacional que se reunió en esta ciudad en los días 2, 3 y 4 de diciembre de 1902, en la que tan interesantes asuntos se discutieron y en la que tan importantes conclusiones se adoptaron. En esta ocasión el Gobierno del Perú no ha querido que suceda lo mismo y al recibir la invitación de la Oficina de las Repúblicas Americanas para la reunión de la segunda Convencion, me ha confiado el alto honor de representarlo en esta ilustrada asamblea.

Mi país ha entrado hace poco tiempo en una nueva era de vida. Después de las desgracias que experimentó en la guerra del 1879 al 1881 y de las convulsiones intestinas que le sucedieron, que tanto daño causaron á su progreso y á la marcha normal de sus instituciones, ha entrado por una senda de concordia y de trabajo cuyos benéficos resultados se aprecian yá, no obstante el corto número de años que han transcurrido en esa vía. Los distintos ramos de la administración pública se encarrilan y perfeccionan, tomando para hacerlo como ejemplo, lo que se hace en países más avanzados que el Perú en civilización y en cultura; y entre los que no se quedan rezagados en el movimiento general de avance se encuentra el de la higiene pública.

En conformidad con las recomendaciones de la Conferencia Internacional de Méjico, "todas las medidas sobre asuntos relacionados con la policía sanitaria internacional, las que tienen por objeto evitar la invasión de las enfermedades contagiosas y el establecimiento y vigilancia de las detenciones marítimas y terrestres internacionales, ó sea, las estaciones de salubridad, están por completo bajo la dependencia del Gobierno Nacional," corriendo á cargo de una institución técnica especial, que forma parte del ministerio de fomento, la dirección de salubridad pública, á la que tengo el honor de pertenecer. Esta oficina, creada por ley de noviembre de 1903, pero que sólo comenzó á funcionar en febrero de 1904, se esfuerza hoy por colocar al país, desde el punto de vista sanitario, en la situación más avanzada posible dentro de los recursos con que para ello cuenta, y, merced á su establecimiento, me es posible consignar los datos que contiene este informe, en el que procuro ceñirme al programa publicado por la Oficina de lasRepúblicas Amerna s.

I.

(A) DATOS SOBRE LA PREVALENCIA DE LAS ENFERMEDADES CONTAGIOSAS, ESPECIALMENTE LA PLAGA, LA FIEBRE AMARILLA Y LA MALARIA.

Las enfermedades infecciosas que existen en el Perú son, con muy poca diferencia, las que se encuentran en los demás países americanos. Sólo una, la verruga peruana ó enfermedad de Carrión, es peculiar al país, y aún en él, sólo se encuentra en unas pocas quebradas de la sierra, como son algunas de la Provincia de Huarochirí, en el Departamento de Lima, otras de la Provincia de Canta del mismo Departamento, y algunas del Callejón de Huailas, en el Departamento de Ancachs. Su distribución geográfica limitada hoy, parece que no lo fué tanto en épocas remotas, pues, al decir de los historiadores de los tiempos de la conquista del país por los españoles, la hubo también en otros lugares del Perú, del Ecuador y aun de Colombia. De todos modos hoy se encuentra sólo en los

valles ó quebradas de las Provincias citadas, sea por que las circunstancias del medio hayan cambiado, sea por otras causas desconocidas.

Esta curiosa enfermedad, que es inoculable, que ataca al hombre y á algunas especies animales, no es contagiosa de persona á persona y no desarrolla el carácter epidémico; para adquirirla hay que ir á las zonas en que se produce, zonas que, como queda dicho, son pequeños valles de la región montañosa del país. Se caracteriza clínicamente por fiebre de tipo muy variable, por anemia ó disminución considerable de los glóbulos rojos de la sangré, cuyo número llega á veces á descender á 1,000,000 ó aún menos por milímetro cúbico, por dolores óseos y articulares y por una erupción que se verifica en la piel y aún en las mucosas, especialmente en las partes descubiertas, constituida por botones de apariencia carnosa, de volumen variable entre el de un grano de mijo y el de una naranja, que sangran facilmente, se desecan tomando una apariencia cornea y caen sin dejar huellas y que están constituidos por tejido conjuntivo y vascular, que semeja por su disposición una producción sarcomatosa. Esta enfermedad, como se ha dicho, no es contagiosa; en los hospitales de Lima se vé constantemente casos de verruga sin que nunca se haya comprobado su transmisión á las personas que rodean ó asisten á los enfermos.

La malaria es endémica en el Perú en muchos lugares de la costa ó región cisandina de país. Los valles, es decir, las zonas de terreno irrigadas por los ríos que vienen de la cordillera de los Andes á desaguar en el Pacífico, zonas que en su mayor parte se aprovechan para el sembrío de azúcar, algodón, arroz y algunos otros vegetales, son los lugares en que el paludismo reina de preferencia. Aún cuando ha disminuido algo en los últimos años, muy especialmente en Lima, es todavía la enfermedad que mayor cifra de morbilidad causa en el Perú y aunque por lo general las formas más comunmente observadas son las intermitentes del tipo terciana ó cuartana, que se curan con facilidad por el regimen quínico cuando son atendidas á tiempo, se vé todas las otras formas hasta hoy descritas, no siendo raro, sin ser frecuente, encontrar las perniciosas y las crónicas con caquexia y denutrición extremas. Esta última forma no se observa sino cuando el enfermo descuida el someterse oportuuamente al tratamiento apropiado. La dirección de salubridad se ocupa actualmente de estudiar los procedimientos más adecuados para destruir los *Anopheles* á fin de extirpar ó reducir á su mínimum posible el paludismo.

La malaria se presenta también pero en reducido número de localidades en la sierra, región andina ó montañosa del país, en algunas quebradas ó valles que por su clima cálido, no obstante su altura, permiten el desarrollo del *Anopheles* y que por sus condiciones topográficas especiales, presentan lagunas pequeñas ó charcos donde estos se reproducen; pero, por regla general, puede decirse que la sierra del Perú no es una comarca palúdica.

En la montaña, es decir, en la región transandina, donde el clima es cálido y húmedo y la vegetación exuberante y lujuriosa, en la región de las selvas y del caucho, existe también el paludismo en algunas localidades, pero hay otras libres por completo de malaria.

Si la morbilidad del paludismo es relativamente grande en el Perú, la mortalidad en cambio es pequeña. Salvo en los caseríos ó poblaciones muy atrasadas, cuyos habitantes ignoran ó rechazan el tratamiento químico, las defunciones por paludismo, aún en las formas perniciosas, son relativamente raras.

La fiebre amarilla no existe en ninguna zona del territorio peruano. Después de las epidemias que tuvieron lugar en la costa del Perú en los años de 1854, 1868 y 1881, no han vuelto á presentarse casos de esta enfermedad. En raras ocasiones, escapando á las restricciones sanitarias, han llegado á nuestros puertos, procedentes de Guayaquil ó Panamá, pasajeros ó tripulantes atacados de esta dolencia, pero aislados inmediatamente en los lazaretos y protejidos contra las picaduras de los *Stegomyia*, no han formado focos.

El peligro para el Perú de ser infectado por la fiebre amarilla proviene de su proximidad al Ecuador y á Panamá, países en donde esta enfermedad es endémica, proximidad que hace que sea corta la duración de la travesía por mar de Panamá ó Guayaquil á Paita ú otros puertos peruanos del norte, á los que, por consiguiente, pueden llegar personas sanas en apariencia pero ya infectadas y en el período de incubación de la fiebre. Por otra parte, el *Stegomyia* existe en algunos de nuestros puertos, y picando á un pasajero que llegara enfermo á nuestra costa, podría en cualquier momento generar una epidemia más ó menos seria. Para evitarlo, el Gobierno del Perú encamina sus esfuerzos en el sentido, primero, de evitar la importación de enfermos ó de zancudos infectados, y, segundo, de destruir los zancudos susceptibles de infectarse. Con tal fin, al llegar los buques al puerto de Paita, que es el primer puerto de arribo de los buques que hacen el tráfico de la costa peruana, son sometidos á una desinfección hecha con anhidrido sulfuroso, que tiene por objeto destruir los zancudos que pudieran venir á bordo del buque y, á partir de esta desinfección, es decir, á partir del momento en que las personas que vienen á bordo no pueden infectarse, se permite al buque cargar ó descargar libremente y admitir nuevos pasajeros, pero se somete á los que traía á una observación de siete días: y, por otra parte, ha expedido la resolución suprema de 11 de agosto del año en curso, que comisiona al Dr. A. Barton para que estudie y lleve á cabo las obras que deben emprenderse con el objeto de destruir los zancudos transmisores de la fiebre amarilla en las principales localidades de la costa.

Con el mismo objeto y siendo el comercio de frutas de Guayaquil y Panamá en la costa peruana, un peligro de importación de mosquitos que pudieran estar infectados, se ha expedido la resolución suprema de 1° de setiembre del año en curso, que prescribe que esas frutas deben llevarse, en los buques, en compartimentos que permitan la destrucción de los zancudos, que, como es sabido, en los climas tropicales se esconden entre la fruta y aun se alimentan con ella, principalmente con los plátanos ó bananas (*Banana edulis*).

En cuanto á la peste bubónica, fué desconocida en el Perú hasta el mes de abril de 1903. Las incursiones que, en ese año y los anteriores, había hecho en la parte occidental de América la funesta plaga del Ganges, no habían alcanzado á la costa peruana. San Francisco de California y Mazatlán habían sido atacados antes que nosotros, pero es difícil decir con seguridad si fué de una de esas localidades ó si fué de los puertos de Australia ó de la India, de donde se importó la epidemia al Perú, por que el comercio de productos susceptibles de vehicular al germen de Yersin ó á roedores con él infectados, se hacía en esa época tanto con unos como con otros de los puertos citados. Es, sin embargo, muy posible que la peste viniera al Perú con un cargamento de arroz y de trigo que un vapor alemán dejó en varios puertos peruanos y chilenos

La primera aparición de la enfermedad en el hombre, tuvo lugar el 28 de abril de 1903 en el puerto de Pisco; casi simultáneamente, el 29 de abril, enfermaba un operario del molino de Santa Rosa en el Callao.

En Pisco, que cuenta una población de 5,000 habitantes, más ó menos, no hubo epidemia; fueron atacadas sólo cuatro personas que habían estado en contacto con ratas enfermas ó muertas. De estas cuatro personas, tres fallecieron y una salvó. El último caso falleció el 3 de mayo de 1903. Desde entonces, es decir, hace veintinueve meses, no ha habido peste ni en el hombre ni en los animales; ese puerto esta pues indemne.

En el Callao, cuya población es de 33,000 habitantes, hubo entre el 29 de abril y el 1° de junio de 1903, diez enfermos; después de esa época no ha sido necesario abrir el lazareto del puerto por que los pocos casos que en el curso de los veintiochoemeses transcurridos desde entonces se han presentado, han sido trasladados para su asistencia á Lima, que dista sólo veinte minutos por ferrocarril. No obstante la ruda compaña emprendida contra ella, la enfermedad no ha desaparecido del Callao, pues de tarde en tarde; á veces con intervalos de tres meses, se presentan casos de peste en el hombre ó roedores muertos de esa enfermedad.

El número total de casos ocurridos en el Callao desde el 29 de abril de 1903 hasta el 30 de junio de 1905 ha sido de 65, con 37 defunciones, lo que dá una mortalidad bruta de 56.92 por ciento para la peste bubónica en el Callao; pero debe tenerse en cuenta, al anotar esta mortalidad, que muchas defunciones ocurridas por peste, principalmente en los primeros días de la aparición de esta enfermedad en el Callao, tuvieron lugar por que los enfermos no se sometieron al tratamiento específico, por ignorancia unas veces, por temor al aislamiento otras, lo que se confirma considerando que los cuatro únicos casos ocurridos en el Callao en el primer semestre de 1905, que fueron atendidos en el lazareto de Lima, no han dado sino una defuncion, lo que correspondería á una mortalidad de 25 por ciento.

En Mollendo, puerto principal del sur de la costa peruana, con algo más de 4,000 habitantes, la peste se presentó también en el año de 1903. El 26 de julio ocurrió el primer caso en el hombre y la epidemia duró hasta el 8 de octubre, produciendose durante ella 51 casos y 20 defunciones, ó sea una mortalidad absoluta de 39.60 por ciento. Después de diez y siete meses de indemnidad, en marzo de 1905, hubo una nueva epidemia que duró hasta el 14 de junio último; durante ella ocurrieron 125 casos, con 49 defunciones, lo que da una mortalidad de 39.28 por ciento. De los 125 casos, 115 fueron tratados por el suero antipestoso del Instituto Pasteur de París, en diversos períodos de su enfermedad y dieron 40 defunciones, ó sea una mortalidad de 34.78 por ciento, y no tuvieron este tratamiento 10, que dieron 9 defunciones, ó sea una mortalidad de 90 por ciento. Sumadas estas cifras con las de la epidemia anterior dan para Mollendo un total de 176 casos, con 69 defunciones, que hacen una mortalidad absoluta de 39.20 por ciento. De ellos, 148 fueron tratados por suero, con 49 defunciones, lo que corresponde a una mortalidad de 33.10 por ciento, y 28 no tratados, con 20 defunciones, ó sea 71.42 por ciento de mortalidad.

Después de Mollendo la enfermidad invadió la Provincia de Pacasmayo, comenzando en ella por el puerto del mismo nombre y propagándose después á San Pedro, capital de la Provincia, á los caseríos de los alrededores de ésta y á los distritos de Jequetepeque, Guadalupe y Chepén. En esta Provincia la enfermedad adquirió más que en ninguna otra caracteres de endemicidad, pues desde el mes de agosto de 1903 hasta el 5 de abril del año en curso, hubo siempre, salvo pequeños intervalos de tiempo, casos de peste en algunas de las poblaciones que la componen. Desde el 5 de abril esta Provincia está indemne. El número total de casos ocurridos en esos veinte meses fué de 366, que dieron 211 defunciones, lo que representa una mortalidad absoluta de 57.65 por ciento; de ese total de casos hubo 234 tratados por suero, con 117 defunciones, ó sea 50 por ciento de mortalidad, y 132 casos que no sofrieron el tratamiento específico y produjeron 94 defunciones, lo que dá una mortalidad de 71.21 por ciento.

Estas cifras referidas á las distintas localidades de la Provincia se descomponen como sigue:

Pacasmayo.—De agosto de 1903 á octubre de 1904 (con cortos intervalos de indemnidad): Casos 65, defunciones 35, mortalidad absoluta 53.84 por ciento; tratados 44, defunciones 20, mortalidad 45.45 por ciento; no tratados 21, defunciones 15, mortalidad 71.33 por ciento. En enero de 1905: Casos 3, defunciones 3, mortalidad absoluta 100 por ciento; tratado 1, defunción 1, mortalidad 100 por ciento; no tratados 2, defunciones 2, mortalidad 100 por ciento. Total de Pacasmayo: Casos 68, defunciones 38, mortalidad absoluta 55.88 por ciento; tratados 45, defunciones 21, mortalidad 46.66 por ciento; no tratados 23, defunciones 17, mortalidad 73.91 por ciento.

San Pedro y alrededores.—De octubre de 1903 á 1° de febrero de 1905: Casos 135, defunciones 92, mortalidad absoluta 68.14 por ciento; tratados 61, defunciones 45, mortalidad 73.77 por ciento; no tratados 74, defunciones 47, mortalidad 63.51 por ciento.

Jequetepeque.—De 1° de setiembre á 8° de noviembre de 1904: Casos 48, defunciones 28, mortalidad absoluta 58.50 por ciento; tratados 24, defunciones 7, mortalidad 29.16 por ciento; no tratados 24, defunciones 21, mortalidad 86.66 por ciento.

Guadalupe.—De 13 de noviembre de 1904 á 12 de marzo de 1905: Casos 105, defunciones 45, mortalidad absoluta 42.85 por ciento; tratados 97, defunciones 39, mortalidad 40.20 por ciento; no tratados 8, defunciones 6, mortalidad 75 por ciento.

Chepén.—De 23 de enero de 1905 á 5 de abril de 1905: Casos 10, defunciones 8, mortalidad absoluta 80 por ciento; tratados 7, defunciones 5, mortalidad 71.42 por ciento.

En Lima ocurrió el primer caso de peste el 6 de octubre de 1903, en las inmediaciones del depósito de carga de uno de los ferrocarriles que unen Lima con el Callao, y, en los días sucesivos, ocurrieron nuevos casos en el mismo barrio, lo que hace suponer que la enfermedad se importó del Callao á Lima con ratas infectadas que vinieron entre las mercaderías que se traían del Callao, ratas que á su vez infectaron á las demás de la población, principiando, como era natural, por las del barrio en que está situado el depósito de la carga del ferrocarril que es también uno de los barrios menos higiénicos de Lima y en el que se encontraron por primera vez ratas muertas. Desde entonces no han dejado de presentarse casos de peste, aunque en algunas ocasiones con intervalos de diez, quince, veinte y hasta veinticinco días entre uno y otro; los meses más castigados en el año 1904, fueron los de marzo y abril, meses que corresponden al principio del otoño.

El número total de casos en la provincia de Lima, es decir, en la ciudad y sus alrededores, á la que se puede calcular 200,000 habitantes[a] ha sido hasta el 30 de junio de 1905, ó sea en veintiun meses de 463, de los que 222 fueron fatales, lo que corresponde á una mortalidad absoluta de 47.94 por ciento. De los 463 casos, 415 fueron tratados por suero y 48 no tuvieron este tratamiento, dando los primeros 174 defunciones, equivalentes á un 41.93 por ciento de mortalidad y los otros 48 defunciones, ó sea 100 por ciento de mortalidad.

En Paita, puerto situado al norte de la costa peruana, que cuenta una publacion de 3,500 habitantes, ha habido dos epidemias de peste. La primera se inició en el mes de abril de 1904 y duró hasta el 9 de setiembre del mismo año, en cuyo tiempo dió lugar á 174 casos, con 73 defunciones, lo que hace una mortalidad absoluta de 41.95 por ciento. Estos casos se descomponen así: Tratados por el suero, 132, con 40 defunciones; no tratados por el suero, 42, con 33 defunciones; lo que dá una mortalidad de 30.30 por ciento para los primeros y de 78.57 por ciento para los segundos. De septiembre de 1904 á mayo de 1905, es decir durante ocho meses, la peste desapareció de Paita, pues no hizo víctimas ni en el hombre ni en los roedores; en mayo del año en curso se presentó de nuevo y hasta el 30 de junio había producido 6 defunciones en 10 casos (mortalidad absoluta 60 por ciento), de los que, 8 tratados con suero dieron 4 defunciones y 2 no tratados 2 defunciones, ó sea una mortalidad de 50 por ciento para los primeros y de 100 por ciento para los segundos. El número total de casos, sumando los de las dos epidemias, alcanzaba el 30 de junio á 184 con 79 defunciones, equivalentes á 44.02 de mortalidad bruta; de ellos 140 tratados por suero con 44 defunciones y 44 no tratados con 35 defunciones, que equivalen á 31.42 por ciento y 79.54 por ciento de mortalidad para unos y otros respectivamente. Hasta mi salida de Lima no había desaparecido la epidemia, al pasar por ese puerto había algunos enfermos en el lazareto.

El puerto de Salaverry, que cuenta una poblacion de 1,000 habitantes aproximadamente, fué invadido después que el de Paita, presentándose el primer caso en el hombre el 27 de junio de 1904; el último ocurrió el 4 de setiembre del mismo año y en los sesentaiocho días comprendidos entre estas dos fechas, se produjeron 36 casos de peste con 20 defunciones, lo que da una mortalidad absoluta de 55.55 por ciento. De los 36 casos, 27 fueron tratados por suero y dieron 11 defunciones y 9 no tratados dieron 9 defunciones, lo que hace una mortalidad de 40.74 por ciento y de 100 por ciento respectivamente. En la actualidad este puerto está indemne.

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[a] El censo de 1903 dá para la ciudad sola 130,289 habitantes.

La pequeña caleta de Huanchaco, inmediata á Salaverry, que constituye un caserío de unos 400 habitantes, estuvo indemne durante la epidemia de Salaverry; pero, aunque ésta había terminado á principios de setiembre de 1904, como queda dicho, en el mes de enero de 1905, es decir, cuatro meses después, se presentó en Huanchaco, dando 31 casos con 13 defunciones, hasta el 2 de febrero del mismo año en que ocurrió el último; la mortalidad absoluta fué, pues, de 41.93 por ciento. Los 31 casos fueron tratados por suero, de modo que la mortalidad con relación al tratamiento especificado fué la misma señalada como absoluta.

En el Departamento de Lambayeque hizo la peste su aparición el 14 de setiembre de 1904 en la villa de Eten, que cuenta de 3,000 á 4,000 habitantes; el 20 de setiembre invadió la ciudad de Lambayeque y el 2 de febrero de 1905 la de Chiclayo, que es la capital del departamento. La epidemia terminó en Eten y en Lambayeque en el mes de abril y en Chiclayo el 28 de mayo del año en curso, fecha desde la cual permanece indemne el Departamento.

Los casos ocurridos fueron: En Eten, 103 con 67 defunciones, lo que hace 65.04 por ciento de mortalidad absoluta. Tratados con suero 63 con 29 defunciones; sin tratamiento 40, con 38 defunciones; mortalidad entre los primeros 46.31 por ciento, entre los segundos 95 por ciento. En Lambayeque, 61 con 28 defunciones; mortalidad absoluta 45.90 por ciento. Tratados 53 con 20 defunciones, mortalidad 37.73 por ciento; no tratados 8, con 8 defunciones, mortalidad 100 por ciento. En Chiclayo, 167 con 122 defunciones, ó sea 73.05 por ciento de mortalidad absoluta. Tratados 82 con 46 defunciones, mortalidad 56.09 por ciento; no tratados 85 con 76 defunciones, mortalidad 89.41 por ciento.

Por último el pequeño caserío de Yaminchad, del distrito de San Pablo en la Provincia de Cajamarca, fué invadido por la peste, procedente indudablemente de la provincia de Pacasmayo con la que está limítrofe, en 2 de marzo de 1905; la epidemia se extinguió el 31 del mismo mes, después de haber ocasionado entre sus 500 habitantes 14 casos con 14 defunciones, de los que 7 fueron tratados por el suero y 7 no, sucumbiendo todos y desapareciendo la epidemia.

Si hacemos un resumen de los datos consignados anteriormente sobre la peste bubónica, tenemos:

Localidad.	Época de la epidemia.	Duración.	Población aproximada.	Total de casos.
Pisco	28 de abril á 9 de mayo de 1903.	0 días	5,000	4
Callao	20 de abril de 1903 á 30 de junio de 1905.	2 años 2 meses	33,000	65
Mollendo	26 de julio de 1903 á 8 de octubre de 1903, y 1º de mayo de 1905 á 14 de junio de 1905.	178 días	4,000	176
Pacasmayo (Provincia de)	Agosto de 1903 á 5 de abril de 1905.	20 meses	50,000	366
Lima (Provincia de)	6 de octubre de 1903 á 30 de junio de 1905.	1 año 9 meses	200,000	463
Paita	Abril de 1904 á 6 de setiembre de 1904, mayo de 1905 á 30 de junio de 1905.	7 meses	3,500	184
Salaverry y Huanchaco	27 de junio de 1904 á 4 de setiembre de 1904, 15 de enero de 1905 á 2 de febrero de 1905.	87 días	1,400	67
Lambayeque (Departamento de).	14 de setiembre de 1904 á 28 de mayo de 1905.	7½ meses	50,000	331
Yaminchad	2 á 31 de marzo de 1905	29 días	500	14
Totales			347,400	1,670

Localidad.	Morbilidad por 1,000 habitantes	Curaron.	Murieron.	Mortalidad absoluta por cien pestosos.	Tratados por suero.	Curaron.
				Por ciento.		
Pisco	0.80	1	3	75.00	1	0
Callao	1.87	28	37	56.92	(a)	(a)
Mollendo	44.00	107	69	39.20	148	99
Pacasmayo (Provincia de)	7.32	155	211	57.65	234	117
Lima (Provincia de)	2.31	241	222	47.94	415	241
Paita	52.57	105	70	44.02	140	98
Salaverry y Huanchaco	47.85	34	33	49.25	68	34
Lambayeque (Departamento de)	6.62	114	217	65.55	103	103
Yaminchad	28.00	0	14	100.00	7	0
Totales	4.80	785	885	53.00	1,201	690

a Faltan las cifras correspondientes á los tratados y no tratados por suero en el Callao, por que muchos de ellos fueron anteriores á la creación de la Dirección de Salubridad

Localidad.	Murieron.	Mortalidad por cien tratados.	Sin suero.	Curaron.	Murieron.	Mortalidad por cien no tratados.
		Por ciento.				*Por ciento.*
Pisco	1	100.00	3	1	2	66.66
Callao	(a)	(a)	(a)	(a)	(a)	(a)
Mollendo	49	33.10	28	8	20	71.42
Pacasmayo (Provincia de)	117	50.00	132	38	94	71.21
Lima (Provincia de)	174	41.93	43	0	43	100.00
Paita	44	31.42	44	9	35	79.54
Salaverry y Huanchaco	24	41.37	9	0	9	100.00
Lambayeque (Departamento de)	95	43.02	133	11	122	91.72
Yaminchad	7	100.00	7	0	7	100.00
Totales	511	42.54	404	67	337	83.41

a Faltan las cifras correspondientes á los tratados y no tratados por suero en el Callao, por que muchos de ellos fueron anteriores á la creación de la Dirección de Salubridad.

Debe advertirse que en la cifra de 1,201, que es la de los tratados por suero, y en la de 42.54 por ciento, que es la de la mortalidad entre ellos, están comprendidos todos los que recibieron inoculaciones de este específico en cualquier período de su enfermedad, algunos de ellos pocas horas antes de su muerte; la cifra de mortalidad sería muy inferior, podría reducirse á 25 ó 30 por ciento si sólo se tomaran en consideración aquellos que recibieron las inoculaciones en las 24 ó 48 primeras horas de su enfermedad. En buena lógica no puede considerarse como tratados por suero á los que sólo lo han sido en sus últimos momentos, cuando el organismo había sido ya vencido en sus resistencias contra la infección y contra la intoxicación por los productos pestígenos.

De las otras enfermedades infecciosas hay poco que decir refiriéndose en particular al Perú.

La fiebre tifoidea existe en muchas localidades de la República, pero el promedio de su mortalidad general es poco elevado; lo es más en los centros muy poblados de la costa, como Lima, la capital; es menos corriente en las poblaciones de la sierra. En el año de 1903 la cifra de defunciones por disenteria se elevó en Lima á 142, que referida á 130,289 habitantes, que es la cifra dada por el censo de ese año, representa una mortalidad de 1.08 por 1,000 habitantes; en 1904 esta cifra ha bajado á 0.88 por 1,000, pues, sobre 131,499 habitantes que pueden aceptarse hoy como cifra de población de Lima, el número de defunciones fué de 117 en el año. Para el resto de la República no es posible todavía dar cifras precisas.

Conocido como es el origen hídrico de esta funesta enfermedad, una de las más fáciles de evitar, las municipalidades y el Gobierno se ocupan de llevar á cabo la instalación ó la reforma de las obras de agua potable de muchas de las poblaciones del país, particularmente de aquellas en que esta enfermedad es más frecuente. Lima cuenta con una instalación de agua potable de muy buena calidad, pero que, en ciertas épocas del año, necesita utilizar agua de río, decantada, para aumentar la dotación de la ciudad y en la actualidad el municipio de la capital trata empeñosamente de encontrar los medios de corregir este defecto. En el Callao el servicio de agua potable á domicilio está establecido hace algunos años; en las principales poblaciones de la costa y de la sierra sucede lo mismo y actualmente se llevan á cabo las obras de instalación de este servicio en el Cuzco, en Puno y otras y se realizan los estudios para establecerlas en Moquegua é Iquitos.

El tifus exantemático no existe en la costa, pero se le ve con frecuencia en las poblaciones de la sierra, donde lo conocen con el nombre de *tabardillo;* no es posible todavía dar cifras respecto á su morbilidad y mortalidad, pues, hasta la creación de la Dirección de Salubridad, no había una oficina central encargada de reunir los datos respectivos, los que sólo hace poco tiempo se principia á recibir de las Provincias. Se presenta en algunas poblaciones de la sierra de cuando en cuando, en forma de pequeñas epidemias, pero que ocasionan una mortalidad elevada. El saneamiento general de las poblaciones del Perú emprendido con motivo de la peste bubónica, que mejorará las condiciones sanitarias del país, hará disminuir, si no desaparecer, esta enfermedad.

La viruela, no obstante el gran número de vacunaciones realizadas en los últimos años, no ha llegado todavía á desaparecer del país. De cuando en cuando, en distintas localidades, se presentan pequeñas epidemias que se limitan por sí mismas por falta de sujetos susceptibles. La vacunación es obligatoria por ley de 3 de enero de 1886, en los seis primeros meses á partir del nacimiento y á los 11 y 21 años, y la revacunación cada vez que las autoridades sanitarias lo juzguen necesario. En el mes de marzo del año en curso, en vista de la epidemia de viruela existente en la costa de Chile, se expidió una resolución suprema ordenando la revacunación general en la República y creando con este fin un cuerpo de vacunadores oficiales para que unidos á los médicos encargados normalmente de esta operación, llevaran á cabo el servicio extraordinario que sigue realizándose todavía.

El sarampión determina también periódicamente, en Lima y otras ciudades de la República, pequeñas epidemias. No reviste—salvo rarísimas excepciones—formas graves. Ataca casi exclusivamente á los niños.

La escarlatina y la difteria son enfermedades rarísimas en el Perú. La primera, en Lima, produjo en el año de 1903 sólo tres defunciones y cinco en el de 1904, habiendo años, como el de 1902, 1900, etc., en que no se ha registrado una sola defunción por esta enfermedad. La difteria dió 12 defunciones en 1903 y 8 en 1904.

La grippe fué desconocida en el país hasta 1890. A partir de ese año no ha dejado de presentarse, determinando en 1892 una epidemia notable que dió en Lima solamente 354 defunciones; en 1900 hubo otra que produjo 195, y en 1904, la última, que ocasionó 103.

La tuberculosis pulmonar es la enfermedad que más estragos causa en la costa del Perú. En Lima puede calcularse en un 25 por ciento la cifra de mortalidad por tuberculosis referida á la mortalidad general. Las cifras de letalidad por tuberculosis pulmonar en Lima, en los años de 1903 y 1904, han sido 288 y 228 respectivamente. Es de esperar que mediante las obras de saneamiento realizadas yá ó en actual ejecución, esta cifra bajó considerablemente, como se nota yá comparando las de los dos últimos años. En la sierra, la tuberculosis pulmonar es una enfermedad rarísima, lo que se explica por la altura á que están situadas las poblaciones y, sobre todo, por el réginen de vida al aire libre y la escasez de la población.

La *uta* es una enfermedad peculiar á ciertas regiones cálidas de la sierra del Perú; ha sido confundida por muchos observadores con el lupus ó tuberculosis de la piel, pero existen entre una y otra ciertas pequeñas diferencias que quizás serían razón suficiente para separarlas. Su forma es la de ulceraciones con tendencia al fagedenismo, que llegan, cuando no se la trata á tiempo, á mutilar los órganos atacados, produciendo lesiones irreparables y deformaciones de aspecto repulsivo, pues se presenta de preferencia en la cara ó en las partes descubiertas. Las investigaciones llevadas á cabo por los observadores del país no han dicho la última palabra al respecto, pero la mayoría considera, como queda dicho, á la *uta* como una tuberculosis cutanea, como un lupus.

El cólera no ha invadido nunca el territorio nacional no obstante haber existido en Chile y otros países de Sud-América.

El beri-beri no existe en el Perú, por lo menos, en la costa y en la sierra. En la montaña (región de las selvas) es probable que exista, pues lo hay en las provincias limítrofes de la República del Brasil. Con la inmigracion japonesa que en pequeña escala se ha hecho en los últimos tiempos en el Perú, se ha podido conocer prácticamente en nuestros hospitales de Lima esta enfermedad, que sólo de nombre se conocía antes, y, los casos observados en inmigrantes japoneses, han hecho ver que la enfermedad ó no es contagiosa ó no encuentra en la costa del Perú un medio propicio á su propagación, pues, á pesar de no haberse adoptado precauciones de ningun género, no se ha podido nunca ver su contagio á los enfermeros ó á los otros enfermos.

La lepra es también entidad completamente desconocida en mi país, no obstante su abundancia en Colombia y el Ecuador. En el departamento de Piura que limita con el Ecuador y en el de Loreto limítrofe con el Brasil, se vé, en algunas ocasiones, leprosos ecuatorianos ó brasileros que vienen á buscar un clima favorable á su mal. En Lima se ha visto también algunos chinos leprosos. No existiendo la enfermedad entre los peruanos y siendo fácil que se desarrolle por inmigracion de leprosos extranjeros, dado el carácter contagioso reconocido á la lepra por la mayor parte de los tratadistas, el Gobierno de la República ha expedido recientemente una resolución que prohibe el ingreso al territorio nacional á los leprosos y ordena el aislamiento de los que existen en el departamento de Loreto, que, como queda dicho, son casos importados, en una leprosería que se ha mandado establecer.

En años ya remotos ha habido en diversas regiones del Perú epidemias de disentería. Hoy esta enfermedad no existe como endemia ni como epidemia en ninguna sección del territorio peruano. En algunas ocasiones se observa en nuestros hospitales casos de disentería esporádica, poro, la mayor parte de las veces, las llamadas disenterías no son sino colitis ulcerosas ó ulcero-membranosas que ceden fácilmente al régimen alimenticio y medicamentoso adecuado, sin manifestar nunca carácter contagioso.

El *anquilostoma duodenalis* existe en el Perú en la zona conocida con el nombre de la montaña (región trasandina ó de las selvas) y se adquiere casi siempre bebiendo agua de mala calidad sin filtrarla ó tomando crudas legumbres que regadas con dicha agua pueden como ella ser el vehículo de introducción en el tubo digestivo de los huevecillos de este parásito. Su persistencia y reproducción en el intestino humano determinan fenómenos patológicos conocidos entre nosotros con el nombre de *anemia de la montaña* y con el de *anquilostomiasis ó anquilostomacia* en otros países. Consisten esencialmente en anemia profunda con soplo aórtico, edemas, fatiga, palpitaciones, derrames en las serosas, diarrea y fenómenos consumptivos que conducen á una terminación fatal, cuando no se emprende á tiempo un tratamiento racional. En nuestros hospitales produce muy buenos resultados el timol como parasiticida en el caso especial del anquilostoma. Su profilaxia estriba esencialmente

en beber sólo agua filtrada (filtros Pasteur-Chamberland) ó cocida y comer las legumbres cocidas, en las localidades en donde existe el parásito frecuentemente.

No existe en el Perú la rabia. El carbón humano, relativamente frecuente en otra época, ha disminuido considerablemente. El tétanos existe, pero es raro.

II.

(*b*) SUMARIO DE LAS LEYES SANITARIAS Y DE CUARENTENA QUE SE HAYAN DICTADO DESPUÉS DE LA PRIMERA CONVENCIÓN.

(*c*) TODO TRABAJO SANITARIO ESPECIAL QUE SE ESTÉ EJECUTANDO Ó QUE SE TRATE DE LLEVAR Á CABO.

Aún cuando el programa científico publicado por la Oficina Sanitaria Internacional para los informes de los delegados en esta segunda conferencia prescribe que se indiquen sólo las leyes y resoluciones sanitarias y de cuarentena dictadas después de la primera, que tuvo lugar en diciembre de 1902, no habiendo tenido en ella el Perú un representante y queriendo dar una idea tan completa como sea posible de la organización sanitaria de mi país, algunas de cuyas instituciones y leyes son anteriores á esa fecha, me apartaré algo en este punto del programa referido, pidiendo por ello excusas á la conferencia, así como las pido también por tratar en el informe juntos los temas (*b*) y (*c*) á lo que me obliga el estar en el Perú en ejecución actual los trabajos sanitarios, tanto los que se refieren á legislación como los referentes á obras de saneamiento, lo que hace difícil de separar las leyes, reglamentos ó resoluciones de sanidad de los trabajos é instalaciones del mismo ramo, que las complementan.

1. *Organización sanitaria.*—Los servicios de sanidad pueden considerarse separados en dos clases: generales y locales.

Los primeros, que comprenden la dación de una reglamentación sanitaria marítima y terrestre, la vigilancia de su cumplimiento y el de las leyes existentes, el estudio y ejecución de las reformas y obras necesarias para mejorar las condiciones sanitarias del país, la profilaxia de las enfermedades exóticas y la lucha contra las endemias y epidemias que existen en el país, la organización de la estadística demográfica médica y la clasificación de las enfermedades para los efectos del registro de la morbosidad en el territorio nacional, etc., corren á cargo de la Dirección de Salubridad, que es una de las tres ramas que forman el Ministerio de Fomento.

Los segundos, es decir, los locales, corren á cargo de las municipalidades.

La Dirección de Salubridad, creada por ley de 6 de noviembre de 1903, pero que comenzó á funcionar solamente en febrero de 1904, se compone de dos secciones: La de Higiene y la de Demografía. Al frente de la Dirección se encuentra el Doctor Julián Arce, bien conocido en el país por sus publicaciones en materia sanitaria. El Director de Salubridad depende directamente del Ministro de Fomento, y, por su intermedio, del Presidente de la República.

La Sección de Higiene y la de Demografía cuentan cada una con un jefe técnico y con los empleados necesarios para su servicio; jefe de la Sección de Higiene es el suscrito; jefe de la Sección de Demografía el Doctor Rómulo Eizaguirre. Está además en formación especial para la dirección y ejecución de todos los trabajos de agua potable en el país, y se ocupa de este ramo el Dr. Abel S. Olaechea, médico adscrito á la Dirección de Salubridad.

Como cuerpo consultivo de la Dirección, funciona la Junta Suprema de Sanitad, presidida por el Ministro de Fomento y compuesta por profesores de la Facultad de Medicina, miembros de la Academia Nacional de Medicina, el Director de la Sociedad de Beneficencia Pública, el Director de la Marina, el jefe de la Sección Consular, un ingeniero de Estado, el Presidente de la Cámara de Comercio y el Alcalde de Lima.

Como se vé, la Dirección de Salubridad, asesorada cuando es necesario por la Junta Suprema de Sanidad, forma la oficina central de la que dependen todos los servicios generales de higiene y de demografía públicas en el país. Su creación reciente y las circunstancias especiales originadas en el país por la existencia de la peste bubónica, no le han permitido aún desarrollar su actividad en toda la esfera de acción que la ley le asigna, pero existen en el Gobierno de la República y en el personal que compone la Dirección, los propósitos de ensanchar el radio de sus atribuciones, creando secciones especiales para los distintos ramos que de ella dependen, á fin de especializar su personal en cada uno de ellos y conseguir así el mayor acierto en sus determinaciones. El primer paso en ese sentido se ha dado yá con la creación del cargo de médico adscrito á la Sección de Higiene, encargado del estudio de las cuestiones de agua potable exclusivamente. Con el mismo fin, la Dirección de Salubridad, en virtud de ley y reglamento especiales, envía anualmente

á Europa ó á los Estados Unidos, á voluntad de los interesados. á dos jóvenes médicos, y los sostiene por dos años estudiando una especialidad, y mantiene en Europa un agente sanitario que le informe sobre los asuntos que pueden interesarle. Con el mismo criterio, ha solicitado y obtenido de la benevolencia del Gobierno Americano el envío á Panamá, formando parte de la Comisión Sanitaria del Canal, de un médico y un ingeniero peruanos, que aprendan de sus colegas americanos los métodos y procedimientos que se pongan en practica en la obra de civilización y de humanidad que el Gobierno de este gran país va á llevar á cabo en el istmo.

La Dirección de Salubridad tiene á su cargo, y le dá preferente atención, el estudio de todas las cuestiones referentes á las obras de agua potable y desagüe de las poblaciones del Perú. Este ramo de la higiene pública, uno de los más importantes, exije un personal especialmente preparado, con el que aún no cuenta, pero que tiene el propósito de adquirir en breve plazo, contratando en Europa ó en los Estados Unidos ingenieros sanitarios que presten sus servicios mientras se forman los nacionales. No obstante esta carencia de personal, se llevan á cabo actualmente estudios y obras de este género valiéndose de ingenieros extranjeros y aún de algunos pocos nacionales que han estudiado este ramo en otros países. Así se lleva actualmente á cabo los estudios de dotación de agua potable, desagüe y desecación y la implantación de estos servicios en Iquitos, Moquegua, Cuzco, Puno, etc.

La Sección de Higiene se ocupa tanto del servicio de sanidad maritima como del sanidad terrestre. Para el primero cuenta con:

(*a*) Las estaciones sanitarias del Callao, Paita é Ilo.
(*b*) Los servicios sanitarios de los otros puertos.
(*c*) Los médicos sanitarios y titulares.
(*d*) La policía de salubridad.

Para el servicio de sanidad terrestre cuenta con:

(*a*) Las juntas de sanidad departamentales y provinciales.
(*b*) Los médicos titulares y sanitarios.
(*c*) Los lazaretos.
(*d*) El servicio de vacunación y seroterapia.
(*e*) La policía de salubridad.

Próximamente contará también, como queda dicho, con personal de ingenieros sanitarios.

SERVICIO MARÍTIMO.

(*a*) Las estaciones sanitarias de Paita, Callao e Ilo, es decir, de uno de los puertos más septentrionales de la costa peruana, de uno de los más meridionales y del puerto principal y central, fueron creadas por ley de 20 de noviembre de 1903, pero sólo comenzaron á instalarse una vez establecida la Dirección de Salubridad, cuando se consignaron en el presupuesto de la República los fondos necesarios para comenzar su ejecución. Estas estaciones, destinadas á servir de filtro contra la importación al país de enfermedades pestilenciales exóticas por via marítima, no están todavía completamente instaladas, en el sentido de que no comprenden aún todos los servicios ó secciones de que deben componerse.

(a) *La estación sanitaria del Callao.*—Comprende:

1. *Servicio de visita sanitaria de buques á su llegada.*—Antes de ser recibidos á libra plática, los buques que llegan al Callao, como á cualquier puerto de la costa peruana, sufren la visita sanitaria, que, en el Callao, es practicada por el médico titular de esa provincia. Éste, después de examinar las patentes y documentos de sanidad y de observar á los pasajeros y tripulantes comprobando el estado de su salud, visita los distintos compartimentos de la nave para darse cuenta de su estado de higiene y para determinar los casos en que hay necesidad de adoptar alguna medida precaucional y la naturaleza de ésta.

Si el buque viene de un puerto indemne y no conduce enfermos ni carga sospechosa, la única medida que se adopta es la de vacunar á los pasajeros ó tripulantes que no lo hayan sido recientemente. Cuando se trata de naves que conducen inmigrantes, se examina ademas á estos desde el punto de vista de la lepra, por cuanto se ha prohibido, por resolución suprema de 17 de marzo del año en curso, el ingreso de leprosos al territorio de la República.

2. *Servicio de desinfección de los buques y su carga.*—Si el buque viene de un puerto infectado ó sospechoso de fiebre amarilla, peste bubonica, cólera ó viruela, ó conduce enfermos ó sospechosos de una de estas enfermedades, ó carga procedente de una localidad en la que exista una de ellas en forma epidémica, lo que se comprueba por la visita sanitaria y el examen de los documentos del buque, se somete á este á medidas precaucionales que varían según los casos, pero que consisten por lo que se refiere al buque mismo y su carga en una desinfección de los compartimentos del buque que inspiren desconfianza.

Para esta operación la estación sanitaria del Callao cuenta con dos aparatos "Clayton" del tipo B, que producen 23 metros cúbicos de gas por minuto cada uno, montados en embarcaciones especiales, una de ellas á vapor, y manejados por el personal técnico necesario. Con ellos se hace la desinfección de las bodegas del buque y de las mercaderías que encierra, así como la de los pañoles que contienen artículos del buque, cuando se trata de

destruir las ratas de la nave, los departamentos de los marineros, y en general todos los compartimentos del buque que puedan cerrarse para evitar la salida del gas.

La desinfección por el gas "Clayton" (mezcla de aire, anhidrido sulfuroso y pequeñas cantidades de anhidrido sulfúrico) se ejecuta llenando de gas los departamentos que se quiere desinfectar, al mismo tiempo que se extrae aire de ellos, y cerrándolos luego para que las mercaderías permanezcan cinco á seis horas en contacto del gas. La duración total de esta operación varía naturalmente con la capacidad del buque, pero, para los mayores de los que llegan al Callao, no pasa de ocho á nueve horas, reduciéndose á seis ó siete para los de tonelaje corriente. Esta desinfección se realiza al mismo tiempo que las demás operaciones sanitarias del buque, de modo que la duración señalada para ella es el máximum de la demora que las medidas de sanidad hacen sufrir á una nave en el Callao, antes de permitirle la descarga.

Para la desinfección de los otros departamentos del buque, camarotes, salones, cámaras, etc., se hace uso, cuando es necesario, de aparatos formoladores á presión; la estación sanitaria del Callao cuenta con cuatro de estos aparatos del tipo más grande que fabrica la Kny Scheerer Co. de New-York. La desinfección de los equipajes, ropa de la tripulación, etc., se hace en la estufa á vapor del buque, ó en la de tierra si los equipajes sospechos son desembarcados, empleándose el formol ó el anhidrido sulfuroso para los objetos que no podrían resistir la desinfección por la estufa de vapor de agua á presión.

En los casos en que se trata de buques manifiestamente infectados, se lavan también los pisos, paredes, techos, muebles, etc., con soluciones desinfectantes (cloruro de cal, bicloruro de mercurio, lysol, creolina, ácido fénico, etc.) manejadas por medio de bombas á presión.

Todas estas operaciones son dirigidas por un médico sanitario y ejecutadas por los empleados técnicos que el servicio exige. El personal que estaba encargado de este servicio á mi salida del Callao, era el siguiente:

Jefe médico Dr. Fabio M. Reynoso.
Un ayudante del mismo.
Un mecánico para el manejo de la lancha á vapor y uno de los aparatos "Clayton" montado en ésta.
Un ayudante del mismo.
Un patrón de la embarcación (timonel).
Un fogonero.
Un guardián.
Dos marineros.
Dos peones.
Un mecánico para el manejo del otro aparato.
Un ayudante.
Un guardián.

El precio de las desinfecciones se cobra á las compañías á que pertenecen las naves, pero este precio es poco elevado, por cuanto no se cobra sino el valor de los materiales usados. La desinfección de los grandes vapores de pasajeros y carga que hacen ordinariamente el tráfico del litoral peruano—"Pacific Steam Navigation Company," "Compañía Sud-Americana de Vapores," "Compañía Kosmos," "Lamport & Holt," "Merchant Line," etc.—ocasiona á estas un gasto de 35 á 100 soles de plata, ó sea de $17 á $50 cada una, por término medio. A las embarcaciones de pequeño tonelaje se las hace el servicio gratuito.

La desinfección de las naves y la de su carga se realiza según los casos á la llegada de ellas, para prevenir la importación de enfermedades exóticas, ó á la salida, cuando se trata de un puerto peruano infectado, para evitar que los demás puertos peruanos ó extranjeros á los que el buque se dirija puedan infectarse á su vez. A mi salida del Callao, se desinfectaba al salir á los buques en este puerto, inmediato á Lima, donde había casos de peste y en el de Paita, donde los había también, siempre que hubieran recibido en ellos carga peligrosa.

3. *Servicio de desinfección de equipajes.*—Este servicio se hace, en la estación sanitaria del Callao, en tierra, en una instalación provisional que cuenta con una estufa á vapor de agua á presión de fábrica alemana y aparatos generadores de formaldehida gaseosa. Junto con el material del edificio de la estación sanitaria del Callao, se ha pedido á Europa seis estufas más, de gran tamaño, dos de las cuales se destinarán á este puerto, para hacer más rápido el servicio que hoy se hace con una sola estufa.

Los equipajes se desinfectan á la estufa ó al formol, según su naturaleza, cuando es necesario hacerlo; pero todos son revisados por el médico sanitario encargado de este servicio, antes de permitir su embarque en el Callao, para evitar que con ellos pudieran ir gérmenes pestígenos á otras localidades del país ó del extranjero.

El personal que se ocupa de este servicio en la estación sanitaria del Callao se compone de:

Un médico jefe, Dr. Justo L. Castro Gutiérrez.
Un ayudante, estudiante de medicina.
Un mecánico para la estufa.
Un empleado para los formoladores.
Un guardian, dos peones.

Este personal se aumentará cuando lleguen y queden instaladas las nuevas estufas. El servicio es gratuito. Su eficacia, tanto para la estufa como para la desinfección al formol se ha comprobado experimentalmente en diversas ocasiones.

4. *Servicio de asistencia de contagiosos.*—Entre los edificios pedidos á Inglaterra á la casa Humphreys, de Londres, para la estación sanitaria del Callao, se comprende dos pabellones de 12 camas cada una para el tratamiento de 2 enfermedades distintas simultaneámente y 1 pabellón de dos camas para enfermos en observación. Estos edificios de hierro y madera vendrán listos para ser armados é instalados inmediatamente. Deben llegar al Callao en el mes de diciembre ó en el de enero próximo, y la instalación tendrá todos los anexos indispensables á este servicio.

Por ahora se lleva á cabo, provisionalmente, en un lazareto flotante; es decir, en un buque nacional que se ha destinado á este objeto, dotándolo de los elementos más indispensables para el caso. En él se ha estado asistiendo á los enfermos de viruela llegados al Callao en los buques procedentes de la costa chilena, durante la última epidemia que ha habido en ese país. Hay también en tierra, en la zona que ocupará la instalación de los pabellones de la estació sanitaria, barracas de madera que se construyeron el año de 1903, cuando se presentó en el Callao la peste bubónica, las que se encuentran cerradas pero listas para abrirse nuevamente si llegaran al Callao buques portadores de enfermos de esa naturaleza.

El lazareto flotante cuenta, además del personal de marina necesario para la conservación y cuidado del buque, con un médico, un enfermero farmacéutico y un asistente. Las barracas ó lazareto de tierra, clausuradas como están, no tienen actualmente personal de asistencia, pero en el caso de que llegaran á abrirse, estarían bajo la dirección técnica del médico titular del Callao, según lo dispone el reglamento de sanidad. El servicio de asistencia de contagiosos es gratuito.

5. *Servicio de aislamiento y vigilancia de los contactos.*—La estación sanitaria del Callao comprenderá entre sus edificios un pabellón de cuarentena para pasajeros sanos, compuesto de 40 habitaciones separadas, para una ó dos personas (pasajeros de primera clase), un comedor, una sala de reunión, cocina, habitaciones para sirvientes, water-closets, baños, etc., independientes de todos los otros servicios de la estación sanitaria y con instalación semeción semejante, pero menos cómoda, para los pasajeros de tercera. Actualmente no hay una instalación en que hacer este servicio y el Gobierno procura adquirir con ese objeto un pontón, que, una vez instalado el servicio en su edificio propio, servirá para la observación sanitaria de los inmigrantes.

Careciéndose por el momento de local de observación de pasajeros en el Callao, se recurre, según los casos, bien sea á la observación á bordo del mismo buque que los conduce, hasta completar el período peligrose (esto se hace en la actualidad con los pasajeros de Panamá y Guayaquil que llegan al Callao después de cinco ó seis días de su salida de esos puertos, á los que se prohibe desembarcar por uno ó dos días, á fin de que completen los siete, que se toman como término medio del período de incubación de la fiebre amarilla), bien sea al pasaporte sanitario, que permite á los pasajeros bajar á tierra, con sólo la obligación de dar su dirección para se visitados por los médicos sanitarios diariamente hasta completar su período peligroso (esto se hace actualmente con los pasajeros que vienen de puertos sospechosos de peste bubónica).

El servicio de vigilancia médica de los pasajeros, cuando éstos hacen su cuarentena á bordo, está á cargo del médico titular de Callao; en tierra, el servicio corre á cargo de los médicos sanitarios de las ciudades.

6. *Servicio de inspección de pasajeros á la salida.*—Aun cuando el Callao no puede considerarse como un puerto infectado de peste bubónica, puesto que no hay en él epidemia, sino que de tarde en tarde se presentan casos, no bien filiados, muchos de los cuales han tomado origen probablemente en Lima, esta circunstancia y la de su pequeña distancia á la capital (14 kilómetros) con la que mantiene tráfico constante y en la que, aunque pocos, no han faltado casos desde 1903, hace que se considere como sospechoso y que se obligue á los pasajeros que en él se embracan á ser inspeccionados al salir, como medio de evitar que algunos de ellos puedan llevar consigo á los demas puertos peruanos ó extranjeros los gérmenes de ese enfermedad. No se premite seguir viaje á los febriscitantes ni á aquellos que presentan síntomas sospechosos desde el punto de visita de la peste ú otra de las enfermedades epidémicas graves, así como á los que no estén vacunados ó revacunados recientemente. Esta precaución unida á la inspección y desinfección de los equipajes que salen del Callao, hecha tan rigurosamente como es posible, constityue una garantía contra la infección de la nave y se adopta, no solo en el Callao, sino en todos los puertos que por cualquier motivo se hacen sospechosos.

El servicio corre á cargo de un médico sanitario que entrega al buque á su aslida del Callao una lista ó rol de pasajeros y tripulantes examinados por él y cuyos equipajes ha desinfectado, para que el médico del puerto al que el buque se dirije sepa cuales son los pasajeros á los que puede permitir el desembarque libremente y cuales aquellos á quienes debe vigilar antes de hacerlo.

7. *Otros servicios de la estación sanitaria.*—En la actualidad los servicios anexos á los ya indicados, como son laboratorio, ambulancia, moroturio, lavandería, administración, etc., se hacen, provisionalmente, en locales prestados. La estación sanitaria pedida á Europa comprenderá un pabellón para habitación del personal médico y ayudantes, oficina, botica, lavandería, desinfección, ambulancia, laboratorio y mortuorio.

8. *La policía de salubridad.*—Es un cuerpo organizado en la forma de la policía de las ciudades. En la estación sanitaria del Callao, presta sus servicios, garantizando el cumplimiento en tierra ó á bordo de las naves, de las disposiciones sanitarias que se dictan. Para el servicio de esta estación se destacan regularmente 12 inspectores al mando de un oficial y bajo la dependencia de los médicos del servicio.

(b) *Estación sanitaria de Paita.*—Con las diferencias originadas por el menor tráfico de este puerto, la estación sanitaria está organizada á semejanza de la del Callao y comprende casi los mismos servicios que esta. En la de Paita funcionan actualmente los servicios siguientes:

El de visita sanitaria de buques y pasajeros, vacunación, etc.

El de desinfección de buques y carga por medio de un aparato "Clayton" tipo B, igual á los del Callao, montado en una embarcación especial.

El desinfección de equipajes por el gas "Clayton" y por el formol, en cámaras especiales y por medio de aparatos á presión de la Kny Scheerer Co.

El de asistencia de contagiosos, en un lazareto construido últimamente en tierra y que, á mi paso por ese puerto, se utilizaba en la asistencia de los pestosos de Paita.

El de la inspección de los pasajeros á la salida, por haber peste bubónica en esa población; y

El de policía de salubridad.

Proximamente funcionarán también: El de aislamiento cuarentanario de passajeros, cuyo local debía principaar á construirse en los días en que salí de Lima, según un plan semejante al del Callao; es decir, el de habitaciones separadas para pasajeros de primera clase y salas para los de segunda, comedores, baños, etc.

El de desinfección por estufas de vapor de agua. Á Paita está destinada una de las seis grandes estufas pedidas á Europa y próximas á llegar.

El personal que corre á cargo de la estación sanitaria de Paita se compone de un médico sanitario, jefe de la estación, del médico titular, encargado de la asistencia de los enfermos en el lazareto, de un mecánico, un fogonero y un guardián para el servicio del aparto "Clayton," de un empleado á cargo de los formoladores, de los enfermeros y asistentes del lazareto, cuyo número varia con el de enfermos, de los peones para las operaciones de desinfección y de cuarto inspectores de la policía de salubridad.

Las medidas adoptadas con los buques que llegan á Paita procedentes del Norte, tienen por objeto, principalmente, evitar la importación de la fiebra amarilla de Panamá ó Guayaquil, por ser Paita el puerto mayor situado más al norte de la costa peruana, y se encaminan sobretodo á la destrucción de los zancudos. Las que se adoptan á la salida de Paita tienen por objeto principal evitar la propagación á otros puertos de la peste bubónica que existe actualmente allí, y se orientan sobretodo en el sentido de destruir los roedores.

Los precios cobrados por las desinfecciones de las naves grandes son los mismos que en el Callao, es decir, se cobra sólo el valor de los gastos que producen. Las primeras desinfecciones de buques en Paita las verificó el suscrito personalmente, en el mes de junio de 1904.

(c) *La estación sanitaria de Ilo.*—Que es uno de los puertos más meridionales de la costa peruana, está destinada, sobretodo, á impedir la importación al Perú de las enfermedades epidémicas que puedan existir en los países situados al Sud. Debe comprender los mismos servicios que comprenden las de Paita y el Callao, pero en proporciones menores que las de este último, por cuanto su tráfico comercial es menor. En la actualidad, y con un personal compuesto de un médico sanitario, jefe de la estación, un ayudante, encargado principalmente de la vacunación, un mecánico, un fogonero, un guardián y los necesarios, funcionan los siguientes servicios:

El de visita médica de los buques, vacunación, etc.

El de desinfección de buques y su carga, por medio de un aparato "Clayton," tipo B.

El de desinfección de equipajes por el gas "Clayton" ó el formol (formoladores Kny Scheerer).

Próximamente se agregarán:

La desinfección por una de las estufas de vapor de agua á presión.

El servicio de asistencia de enfermos en un lazareto.

El de aislamiento cuarentenario de pasajeros sanos pero sospechosos. El local para este servicio debe estar actualmente en construcción.

Siendo el puerto de Ilo de escaso tráfico comercial, la mayor parte de las embarcaciones que á él arriban, lo hacen sólo para ser desinfectadas; para evitar á éstas toda demora innecesaria y estando el puerto de Mollendo—que es el que sigue á Ilo yendo al Norte—á cuatro ó cinco horas de este último, se permite á las naves que, una vez llenas de gas sus bodegas, sigan su viaje al Norte sin esperar las cinco horas necesarias de contacto del gas con las mercaderías, pero llevando sus bodegas cerradas y selladas para ser abiertas en Mollendo en presencia del médico sanitario de ese puerto.

El precio de las desinfecciones es el mismo que en el Callao y Paita.

B. *Servicios sanitarios de los otros puertos.*—Además de las estaciones sanitarias de Paita, Callao é Ilo, existen servicios sanitarios marítimos en otros puertos del litoral peruana. Yendo de Norte á Sud tenemos:

Eten.—Hay un médico sanitario encargado del servicio marítimo del puerto y se hace la desinfección de la carga y equipajes de los buques en cámaras especiales construidas en tierra y por medio de un aparato "Clayton," tipo H, y de formoladores Kny Scheerer.

A pocos kilómetros de distancia del puerto, y unida á él por ferrocarril, se encuentra la villa del mismo nombre, en la que hay un lazareto construido últimamente que puede utilizarse, en caso de necesidad, para el tratamiento de los contagiosos que se presentaran á bordo de un buque surto en el puerto.

Pacasmayo.—Hay un médico sanitario para el servicio marítimo, un lazareto para contagiosos á cargo del médico titular y servicio de desinfección de equipajes al formol.

Salaverry.—Hay un médico sanitario para el servicio marítimo, un lazareto para asistencia de contagiosos, servicio de desinfección de carga por medio de un aparato "Clayton," tipo H, y de equipajes por medio del formol y cámaras especiales para este objeto.

Huacho.—Hay un médico sanitario encargado del servicio marítimo y una cámara y formolador para la desinfección de equipajes.

Mollendo.—Hay un médico sanitario para el puerto y funciona un lazareto para contagiosos y un servicio de desinfección al formol para los equipajes. Se construye actualmente un local de observación para pasajeros en cuarentena y se instalara una estufa á vapor de las pedidas á Europa.

Iquitos.—Aun cuando no es un puerto marítimo, debe indicarse aquí que este puerto fluvial, situado en el Amazonas peruano, cuenta también con un servicio sanitario dotado de un aparato "Clayton," tipo B, para la desinfección de las naves que á él llegan y de su carga y equipajes.

C. *Los médicos sanitarios y titulares.*—Además de los mencionados ya, hay médicos sanitarios ó titulares en los puertos siguientes: Casma, Ancón, Cerro Azul, Tambo de Mora y Pisco, todos bajo la dependencia de la Dirección de Salubridad. En estos puertos, en los que todavía no hay medios de desinfección, se hace sólo la visita sanitaria de los buques.

D. *La policía de salubridad.*—En virtud de la resolución suprema de 10 de junio del año en curso, se ha organizado un cuerpo de policía de salubridad, como dependencia de la dirección del mismo nombre, que presta sus servicios tanto en la sanidad marítima como en la terrestre. Es una fuerza armada cuyo objeto es asegurar el cumplimiento de las medidas sanitarias que se dicten.

El servicio de sanidad terrestre, es mucho mas difícil de organizar y mucho más dispendioso que el marítimo. Es relativamente fácil evitar que la semilla llegue al terreno, cerrando las puertas de entrada ó colocando en ellas filtros más ó menos estrechos, pero es muy difícil impedir que esa semilla, una vez sembrada, germine, ó hacerlo tan hostil á ella que, aun cuando se siembre, no vegete.

Además, como se ha dicho ya, la creación de la Dirección de Salubridad en el Perú es de fecha tan reciente, que no le ha permitido emprender obras de gran aliento en este sentido, como son las que exije el saneamiento de las poblaciones de un país tan dilatado, tan escaso en elementos aprovechables para ello y en el que, antes de ella, no se había hecho nada ó casi nada por la higiene. Sin embargo, se ha entrado ya en esa vía y en el curso del año 1904 y meses vencidos de 1905, se ha realizado una labor profiláctica que ha dado resultados mayores que los que hubiera podido esperarse del período de organización que atraviesa la sanidad en el Perú, merced á lo cual se ha logrado contener dentro de límites restringidos la funesta epidemia de peste bubónica, que la Dirección de Sanidad encontró difundida en todo el país, haciéndola desaparecer de unas localidades y reduciéndola en otras á proporciones insignificantes.

Para el servicio de sanidad terrestre la Dirección de Salubridad cuenta con:

A. *Las juntas de sanidad departamentales y provinciales*, que el anticuado reglamento de sanidad, vigente en parte, señala, que se conservarán probablemente en la legislación sanitaria moderna que se dé al país, sea con el mismo nombre, sea con nombre diferente, porque la práctica ha hecho ver que, bien utilizadas, pueden prestar importantes servicios.

Las juntas de sanidad departamentales, en los departamentos y las provinciales, en las provincias, tienen las mismas atribuciones: velar por la salubridad de las secciones territoriales de su jurisdicción, dependiendo las primeras de la Dirección de Salubridad directamente, y las segundas de las departamentales. Están constituidas por las autoridades políticas y municipales de las respectivas localidades, los directores de las sociedades de beneficiencia, los médicos titulares y dos ó más personas notables del departamento ó de la provincia, y á ellas corresponde hacer cumplir las disposiciones sanitarias dictadas para toda la República, dictar las de carácter local, proponer las reformas ó mejoras en los servicios sanitarios, etc. Durante la campaña emprendida contra la peste bubónica las juntas de sanidad locales han desempeñado un papel importante, asumiendo la dirección de las

medidas profilácticas en cada sección territorial y la administración de los recursos votados para ese objeto y, con raras excepciones, han correspondido á los fines de su institución.

B. *Los médicos titulares y sanitarios.*—Hay un médico titular en cada provincia, que tiene á su cargo la asistencia gratuita á la clase menesterosa en los hospitales locales, la vacunación antivariólica, la profilaxia de las enfermedades infecciosas, la inspección sanitaria de los ferrocarriles y la dirección técnica de todas las medidas sanitarias locales que se adoptan en épocas normales. Cuando se presentan epidemias, se envía á las provincias en que esto sucede médicos sanitarios encargados de combatirlas, de acuerdo con las juntas de sanidad y conforme á las instrucciones que les imparte la Dirección de Salubridad.

C. *Los lazaretos.*—En el curso de los años 1904 y 1905 se han construido algunos, dotándolos de todos los elementos indispensables á su fin, que han permitido los recursos del país; entre otros, el de Lima, dedicado por ahora á la asistencia de pestosos, cuenta con pabellón de administración, otro de cocina, otro de lavandería, otro de disinfección, otro de autopsias y laboratorio, otro de asistentes, otro de trasporte de enfermos y caballeriza, otro de botica, uno con habitaciones separadas para enfermos de paga (12 camas) y ocho para enfermos gratuitos, cuya capacidad varia entre 16 y 24 camas cada uno, con servicios anexos de baños, W. C., etc., el de Trujillo, no terminado aún (faltan el pabellón de administración, el de disinfección, el mortuorio y una parte de los servicios de paga); el de Mollendo, que existía en parte desde 1903; el de Paita, el de Salaverry, el de Eten, el de Arequipa (comenzado solamente) y algunos otros más de menor importancia.

D. *El servicio de vacunación antivariólica y de seroterapia.*—Está establecido hace algunos años, valiendoss sólo de vacuna animal preparada en el país, que dá muy buenos resultados. El Instituto de Vacuna y Seroterapia se halla instalado en un local propio, recientemente construido y comprende establos para animales vacunados, para animales en observación y para animales de experiencia, sala de vacunación de terneras, sala de recolección de la linfa, sala de preparación de la emulsión glicérica, laboratorio bacteriológico, oficinas y salas para vacunación al público. El instituto está dirigido por un personal técnico competente y uno de sus jefes, el Dr. Ramón Ribeiro, se encuentra actualmente en Europa, enviado por el Gobierno á estudiar los mejores institutos vaccinales de ese continente y las reformas que deben introducirse en el de Lima.

Para la práctica de la vacunación, que es obligatoria en el Perú po ley de 3 de enero de 1896, el Instituto de Vacuna remite y periódicamente á todas las provincias, las cantidades de emulsión de vacuna animal fresca que son necesarias, y ésta es inoculada por los médicos titulares ó sanitarios, por médicos vacunadores que sostienen algunas municipalidades y por un cuerpo de cuarenta vacunadores, preparados en el instituto, de creación reciente, y que, hasta mi salida del país, recorrían los departamentos del sur, los más amenazados entonces por la viruela, á causa de la existencia de una epidemia de esa enfermedad en Chile.

Aun cuando por su creación el Instituto Nacional de Vacuna lo es también de seroterapia, no se fabrican todavia sueros en el Perú. Al regreso de Europa del jefe del laboratorio de dicho instituto, que, como se ha dicho fué mandado á estudiar la fabricación de vacunas y sueros, regreso que debe realizarse en enero del año próximo, se instalarán probablemente los laboratorios para fabricación de sueros específicos. Mientras tanto, el instituto, por contrato celebrado con instituciones análogas en Europa, está siempre provisto de los sueros que no puede fabricar, para atender á las necesidades de la República. Dichos sueros, en conformidad con la resolución suprema de 20 de enero de 1905, son suministrados por el instituto gratuitamente á los menesterosos que lo solicitan con prescripción facultativa.

E. *La policía de Salubridad.*—Como ya se ha dicho, está encargada de garantizar cumplimiento de las medidas de sanidad, tanto en el servicio terrestre como en el marítimo.

La sección de demografía está encargada, por la ley que creó la Dirección de Salubridad de formar especialmente la demografía sanitaria del país, pero se ha ocupado también de la demografía general, valiéndose para ello de los datos que pueden suministrarle las cien municipalidades de las provincias de la República, las que, por ley de 1873, están encargadas de llevar los registros de estado civil y la estadística de sus respectivas jurisdicciones.

Apesar de esta ley de 1873, soló una parte de las provincias de la República tiene iniciados trabajos de estadística y en la mayor parte de las provincias las oficinas de registro de estado civil han adolecido de serios defectos en la formación de éste, especialmente en lo que se refiere á nacimientos y defunciones, defectos que, merced á los formularios suministrados por la sección de demografía, vienen corregiéndose, al mismo tiempo que se unifican y centralizan los datos recogidos.

Iniciadas las labores de la Sección de Demografía sólo en los primeros meses del año pasado y trascurrido casi todo el año en labor preparatoria ó de organización, sólo en 1905 han principiado á obtenerse los datos pedidos á las municipalidades de las provincias, de modo que al fin de este año, se podrá tener conocimiento del movimiento demográfico de las provincias del Perú, aunque probablemente no serán todavía datos completos.

En la actualidad la sección de demografía, además de las operaciones sobre nacimientos, matrimonios y defunciones, con sus derivados, de la estadística de las enfermedades

infecciosas, de la de las vacunaciones practicadas, etc., lleva á cabo la demografía de Lima desde 1884 hasta la fecha, la que pondrá en claro muchos puntos demográficos, sanitarios ysociales hasta hoy discutidos, que han girado alrededor de cifras no comprobadas científicamente.

En junio del año en curso, la Dirección de Salubridad levantó el censo de la población del Callao cuyo trabajo no está terminado aún, pero que arrojó 34,436 habitantes; con los documentos de este censo y con los del que llevó á cabo en Lima la municipalidad en 1903, la sección de demografía podrá formar el legajo sanitario de los habitantes de Lima y el Callao.

Los servicios locales de sanidad en el Perú, como yá se ha dicho, corren á cargo de las municipalidades de provincia y de las de distrito. Son ellas las que dirigen y llevan á cabo los servicios de agua potable, desagües, canalización, pavimentación, baja policía, construcción de casas de habitación, mercados, establecimientos públicos, escuelas, etc., aún cuando todos ellos son vigilados y aprobados por el Gobierno, y desde el punto de vista sanitario por la Dirección de Salubridad.

Entre ellas, como es natural, es la municipalidad de Lima la que más ha hecho hasta ahora por mejorar las condiciones sanitarias de su jurisdicción y en el curso de los años 1904 y 1905 ha llevado á cabo la instalación de un Instituto Municipal de Higiene, compuesto de una sección de química, una sección de bacteriología, de una biblioteca y de un pequeño museo de higiene, en el que se realizan importantes trabajos de química y bacteriología referentes á los servicios locales. Este Instituto, aunque modesto en sus proporciones, está montado con todos los elementos modernos y en él se realizan, gratuitamente para los menesterosos y con una módica remuneración para los pudientes, exámenes de esputos, de productos de secreción ó de excreción fisiológicos ó patológicos, de piezas anatómicas, de muestras de aguas, bebidas alimentos, medicamentos, etc., además de los trabajos que para los servicios de sanidad local y aún para los de otras localidades practica el Instituto, por su propia cuenta ó por encargo de la municipalidad de Lima ó de la Dirección de Salubridad.

La municipalidad de Lima ha instalado también en el año en curso un desinfectorio público dotado de los principales elementos que exige un establecimiento de esa índole y que satisface las necesidades de la población de Lima; ha llevado á cabo también la construcción de un mercado central, cuya planta baja se ha inaugurado ya y que, desde el punto de vista de la higiene, no deja nada que desear.

Mediante éstas y otras obras de importancia, como la prolongación del alcantarillado á las calles que no lo tenían, la pavimentación de la ciudad con asfalto comprimido y adoquines de piedra, etc., las condiciones sanitarias de Lima han mejorado notablemente.

Obras semejantes llevan á cabo las municipalidades de las demás provincias de la República dentro de los límites que les permiten sus recursos y los que con tal fin vota el Gobierno Nacional; la del Callao, realiza en la actualidad las obras de canalización para desagües y desecación de que carecía y termina su instalación de agua potable.

2. *Legislacion sanitaria.*—No se ha dado todavía en el Perú una ley sanitaria fundamental. Su formación está actualmente encomendada á una comisión nombrada con tal objeto y el proyecto, cuyas bases ha formulado la Dirección de Salubridad, se presentará probablemente para su aprobación al Congreso Nacional en la próxima legislatura. La única ley sanitaria que existe en la República hasta ahora, es la de 3 de enero de 1896 que hace obligatoria la vacuna.

El reglamento de sanidad expedido en 1887, que fué el primer ensayo hecho en el país en materia de legislación sanitaria, ha estado en vigencia hasta la creación de la Dirección de Salubridad, y aún cuando no ha sido derogado expresamente por resolución alguna, ha dejado de tenerse como norma por lo menos parcialmente, desde que esta institución comenzó á funcionar, porque los principios de higiene pública que lo inspiraron están en armonía con las ideas que dominaban en la época en que se expidió, pero son en el día inadmisibles en gran parte. Este reglamento señala, entre otras cosas, las cuarentenas á los buques infectados ó sospechosos, cuarentenas que la Dirección de Salubridad ha suprimido desde que cuenta con los medios de desinfectar el buque y su carga tan pronto como llegue á la costa peruana.

Esta falta de legislación y reglamentación sanitaria se suple por el momento, mientras se expidan las leyes y reglamentos que están en estudio con resoluciones generales expedidas por el Gobierno nacional, ó con disposiciones transitorias dictadas para los casos particulares por la Dirección de Salubridad, dentro de la esfera que la ley de su creación le señala. Entre las resoluciones dictadas en los últimos años que se refieren á asuntos sanitarios, pueden mencionarse las siguientes:

La resolución suprema de 2 de octubre de 1903, que vota fondos para los estudios de la seroterapia y la vacuna antiverrucosa (verruga peruana).

La ley de 6 de noviembre de 1903, que crea la Dirección de Salubridad pública y señala sus atribuciones.

La resolución suprema de 20 de noviembre de 1903, que ordena el envío á Europa, por cuenta del Estado, del jefe del laboratorio del Instituto de Vacuna y Seroterapia Dr. Ramón E. Ribeiro para que estudie allá la fabricación de sueros y vacunas.

La ley de 20 de noviembre de 1903 que crea las tres estaciones sanitarias de Paita, Callao, é Ilo.

La resolución suprema de 8 de marzo de 1904, que impone á las compañías de vapores que hacen el tráfico de los puertos peruanos, la obligación de tener á bordo aparatos de desinfección.

La resolución suprema de 4 de abril de 1904, que impone á los pasajeros que se embarquen en el Callao, la desinfección de sus equipajes y la inspección médica, á fin de evitar que de ese puerto de Lima pueda llevarse á otros de la República ó del extranjero los gérmenes de la peste bubónica. (Aún cuando esta resolución se dictó en una época en que la existencia constante de la peste en el Callao la hacía indispensable y las condiciones sanitarias de ese puerto han cambiado después, continúa en vigencia.)

La resolución suprema de 4 de abril de 1904, que ordena las mismas precauciones para los pasajeros y equipajes que se dirijen de Lima al interior del país por ferrocarril, también como medio de evitar la difusión de la peste. (Continúa en vigencia.)

La resolución suprema de 15 de abril de 1904, nombrando una junta directiva de la campaña contra la peste bubónica de la provincia de Lima. Junta presidida por el Director de Salubridad, que es la que ha dirijido la labor de saneamiento hecha en Lima en los últimos tiempos.

La resolución supreme de 27 de mayo de 1904, que ordena la formación del censo general de la República y prescribe que la Dirección de Salubridad formule el proyecto y presupuesto de la obra.

La resolución suprema de 1° de julio de 1904, que ordena que el Ministerio de Relaciones Exteriores solicite del Gobierno de los Estados Unidos la incorporación de un médico peruano en el cuerpo de sanidad que se envíe á Panamá para el saneamiento del Istmo, ampliada por la del 8 del mismo mes y año en el sentido de que la solicitud sea para la incorporación de un médico y un ingeniero.

La resolución suprema de 2 de julio de 1904, que dispone que los concejos municipales remitan periódicamente á la Dirección de Salubridad los datos demográficos.

La resolución suprema de 2 de julio de 1904, comisionando al jefe de la sección de higiene Dr. D. E. Lavorería para que estudie el informe sobre la instalación de la estación sanitaria de Paita.

La resolución suprema de la misma fecha, que crea un agente sanitario del Perú en Europa, encargado de remitir las informaciones y adquirir los elementos que sean necesarios á la Dirección de Salubridad.

La resolución suprema de la misma fecha, que crea una comisión encargada de estudiar y proponer un plan para la construcción de casas de inquilinato.

El decreto supremo de 16 de setiembre de 1904, expidiendo el reglamento sanitario de ferrocarriles.

La resolución suprema de 9 de diciembre de 1904, ordenando la desinfección de los buques procedentes del sur en la estación sanitaria de Ilo.

La resolución suprema de 22 de diciembre de 1904, que dispone que el Perú esté representado oficialmente en el Congreso Médico Panamericano de Panamá y nombrando como delegado del Perú al Dr. Ugo Biffi.

La resolución suprema de 23 de diciembre de 1904, que reglamenta el envío á Europa anualmente de los médicos jóvenes que más se hayan distinguido en su carrera escolar para perfeccionar sus conocimientos.

La resolución suprema de 30 de diciembre de 1904, que dispone que el Perú tome parte en la constitución de la Oficina Sanitaria Internacional de Wáshington y contribuya á su sostenimiento con la suma que le corresponda.

La resolución suprema de 20 de enero de 1905, que ordena que el Instituto de Vacunan y Seroterapia suministre gratuitamente á los pobres que lo soliciten por prescripción médica, los sueros específicos (antidiftérico, antitetánico, antiestreptocócico, etc.).

La de la misma fecha, que dispone la instalación de un servicio de desinfección de las naves en el puerto de Iquitos.

La de 10 de marzo de 1905, que crea un médico adscrito á la Dirección de Salubridad, para el estudio de las cuestiones referentes al agua potable.

La de 10 de marzo de 1905, que manda levantar el censo de la provincia del Callao.

La del 17 de marzo de 1905, que crea un cuerpo de vacunadores para que recorran las provincias y distritos de la República, ayudando á los médicos titulares y sanitarios y á los vacunadores municipales en la labor de la vacunación.

La de la misma fecha, que prohibe el ingreso de leprosos al territorio nacional y ordena la creación de una leprosería en el departamento de Loreto para el aislamiento de los leprosos que existe en ese departamento limítrofe con otros países en que hay lepra.

La de 24 de marzo de 1905, que aprueba los planos de las obras de desagüe del Callao y ordena el estudio de las de desecación del subsuelo de ese puerto.

La de 31 de marzo de 1905, que nombra una comisión encargada de estudiar el proyecto de ley sanitaria que debe someterse á la aprobación del Congreso Nacional.

La de 7 de abril de 1905, que ordena que los cónsules de la República en el extranjero comuniquen á la Dirección de Salubridad, por cable ó por correo, según los casos la aparición en su jurisdicción consular de las enfermedades contagiosas graves, trasmisibles por el tráfico comercial.

La de 19 de mayo de 1905, que manda ejecutar las obras de dotación de agua potable del Cuzco.

La de la misma fecha, que aprueba el proyecto de la casa Humphreys de Londres, para los edificios de la estación sanitaria del Callao y manda adquirirlos.

La de 10 de junio de 1905, que organiza la policía de salubridad.

La de 21 de julio de 1905, que manda ejecutar los estudios de dotación de agua, desagües y desecación del puerto de Iquitos.

La de 7 de agosto de 1905, que establece las precauciones á que debe someterse á los pasajeros procedentes de Panamá y Guayaquil, mientras exista en esos puertos la fiebre amarilla como epidemia.

La de 11 de agosto de 1905, que dispone que se estudie y lleve á cabo en la costa del Perú los trabajos necesarios para destruir los zancudos stegomia, comenzando por el Callao y Lima.

La de 1° de septiembre de 1905, que señala las condiciones en que debe llevarse al Perú la fruta de Guayaquil ó Panamá, susceptible de vehicular zancudos, mientras duren las condiciones sanitarias de esos puertos: y muchas otras que sería largo enumerar.

Terminado el informe que me correspondía presentar á la Conferencia, en conformidad con el programa de la Oficina Sanitaria de las Repúblicas Americanas, y en nombre de mi país, sólo me resta deciros que el Perú, haciendo por su parte todos los esfuerzos posibles para mejorar las condiciones higiénicas de sus puertos, habiendo establecido sus estaciones y servicios sanitarios á lo largo de su extenso litoral y adoptado en ellas medidas que garantizan, hasta donde es posible hacerlo, no sólo sus propios puertos, sino los de los países vecinos, y publicando sistemáticamente la aparición de casos de enfermedades contagiosas para que estos adopten las medidas de defensa que crean convenientes, sigue en materia de higiene internacional una política de franqueza y de buena fé y que, teniendo en cuenta las trabas y los perjuicios que á su propio comercio y al de los países vecinos ocasionan las medidas de sanidad vigentes hoy en Panamá, el Ecuador, el Perú y Chile, desearía que esta Conferencia diera, entre otros resultados benéficos, el de la formación de un convenio internacional entre los países que con el Perú tienen tráfico frecuente, á fin de que los procedimientos sanitarios seguidos en cada uno de ellos fueran uniformes y tuvieran valor en los demás y para que la acción común de todos lograra lo que la labor aislada de cada uno de ellos hace difícil de realizar, esto es, extirpar de la costa occidental de Sud-América las enfermedades trasmisibles por vía marítima.

INFORME DEL LICENCIADO DON EMILIO C. JOUBERT, DELEGADO DE LA REPÚBLICA DOMINICANA.

La República Dominicana no aporta á esta Convención más contingente que sus buenas disposiciones en favor de la causa de la salud pública, que es causa noble y simpática y digna de ocupar la atención de Gobiernos é individuos de altas miras. No aporta ni descubrimientos científicos, ni experiencias, ni datos que contribuyan al adelanto de la ciencia sanitaria ó de su aplicación á las necesidades de los pueblos; y no es que allí no se dé importancia á esas materias, que son por su naturaleza trascendentales como que atañen á la salud pública, no sólo de una región sino de la humanidad entera, sino que dotado el país de condiciones naturales excepcionalmente favorables para la conservación de un estado sanitario satisfactorio, no ha sentido la necesidad urgente de dedicarse al estudio especial de esas materias.

Mirada la cuestión sanitaria de la República Dominicana desde el punto de vista de su legislación, se observa que sólo existen en el país ordenanzas municipales, leyes de carácter puramente local, que tienden á proteger la salud pública con restricciones y penas al alcance de la jurisdicción de las autoridades judiciales. La no existencia de otras leyes de carácter más amplio y de mayor importancia, dice, que en el país no se ha experimentado la necesidad de una protección mayor que la que aquéllas ofrecen. En efecto, existiendo en épocas pasadas, no muy lejanas, cerca de sus costas, focos en que se producía y de donde se extendía la fiebre amarilla, Santo Domingo se mantuvo siempre libre de esa epidemia. Uno que otro caso se presentaba con intervalo de diez ó doce años, pero nunca de tal modo que se pudiera considerar esa enfermedad más temible que otras no epidémicas. No me refiero á la época en que el ejército español importaba la fiebre y la propagaba entre sus individuos por falta de precauciones sanitarias.

Hemos tenido también la viruela en estado endémico cerca de nuestras costas, y han bastado nuestras leyes de policía y las medidas tomadas por las juntas de sanidad de la República para mantener las poblaciones libres de estragos. El servicio profiláctico de la vacunación, organizado de tiempo en tiempo, ha contribuído poderosamente, no habiendo encontrado nunca resistencia en el pueblo, á impedir la invasión y propagación de esa enfermedad. Hace cerca de un cuarto de siglo que no se presenta un caso de viruela en el país.

Han transcurrido cuarenta años desde la última invasión del cólera, enfermedad que si se propagó y causó gran daño fué debido también á las causas que hacían frecuentes en la misma época los casos de fiebre amarilla.

Como se vé, el estado sanitario del país no ha requerido más de lo que se ha hecho para mantener la población libre de la acción desoladora de las epidemias. Las medidas transitorias de cuarentenas han contribuído también eficazmente al resultado que me complazco en señalar, pero por muy satisfactorio que sea referirse al pasado, es necesario tender la vista hacia adelante con frecuencia, no sea que las miradas retrospectivas nos predispongan á una indolencia criminal.

Una vez terminado el Canal de Panamá, estará Santo Domingo en el camino de las naves de todas las naciones procedentes de todos los puertos del mundo ó con destino á ellos. En esa situación, á sus costas han de arribar muchas naves; el tráfico comercial aumentará, y con él el peligro del contagio y la difusión de todas las enfermedades infecciosas. La previsión aconseja prepararse para satisfacer las exigencias que esa nueva condición traerá consigo.

Una medida cómoda se tenía á la mano para evitar la irrupción de las epidemias, que era la de cerrar los puertos á los buques procedentes de lugares infectados; pero un país colocado en medio de una corriente comercial activa y poderosa, no puede recurrir á esas medidas primitivas y hasta cierto punto nugatorias y por tanto injustificables, sin provocar el enojo de las naciones. Desde el Congreso de Viena hasta esta Convención de Wáshington que trabajará sobre la misma base, todas las conferencias sanitarias han adoptado en principio las ideas que prevalecían en Inglaterra con anterioridad á aquel Congreso, porque esas ideas, convenientemente aplicadas, ponen á salvo los intereses del comercio universal á la vez que protejen las vidas y los intereses nacionales.

Nuestro Gobierno está penetrado de la conveniencia de prepararse con leyes y medidas sanitarias adecuadas para satisfacer las necesidades que el nuevo orden de cosas creará en la vida de relación de la República, y ha nombrado ya una comisión de expertos para estudiar las leyes sanitarias de otros países más adelantados en esa materia y preparar un cuerpo de leyes, así como proyectos para la organización del servicio de inspección y cuarentenas.

Los trabajos de este cuerpo simplificarán grandemente la tarea de esa comisión, porque aquí se han de dilucidar luminosamente las cuestiones de la ciencia sanitaria que conciernen á las medidas preventivas que, con carácter internacional, conviene adoptar para impedir la importación y propagación de las enfermedades contagiosas.

DISCURSO PRONUNCIADO AL FINAL DE LA CONVENCIÓN POR EL SR. EMILIO C. JOUBERT, DELEGADO DE LA REPÚBLICA DOMINICANA.

Señores: Muy poco tengo que decir en esta hora en que cierra sus sesiones esta Convención, no habiendo tenido mucho que hacer durante sus importantísimos trabajos, al ser estos, por su naturaleza, muy distintos de los que podrían estar á mi alcance por la línea de estudios que he seguido y por mis ocupaciones habituales.

Sí, puedo expresar, como lo hago con gusto, la gran satisfacción que he experimentado al estar en contacto con personas eminentes y notables por sus vastos conocimientos, personas que han puesto su talento y su corazón al servicio de su país y de la humanidad.

También puedo expresar aquí que espero tener otra satisfacción igualmente intensa, y es la de ser acojidos los trabajos de esta Convención en la República Dominicana con el favor que ellos merecen y puestas en práctica las disposiciones sanitarias que el convenio que hemos formado contiene.

Santo Domingo, cuando esté abierto el Canal de Panamá, que se abrirá, estará en el camino de todas las naciones; esas naves tocarán en sus puertos, y es necesario que estos puertos estén preparados para recibirlas y no cerrados por motivos de mal entendidas precauciones sanitarias.

Con esos sentimientos y esta esperanza, me siento satisfecho de haber tenido el honor de asistir á esta Convención en representación de la República Dominicana.

He dicho.

INFORME DEL DR. H. D. GEDDINGS, CIRUJANO GENERAL AUXILIAR, SERVICIO DE CUARENTENA Y HOSPITALES MARÍTIMOS DE LOS ESTADOS UNIDOS, DELEGADO DE LOS ESTADOS UDIDOS.

Señor Presidente, Señores: El programa científico provisional incluye los informes sobre la peste bubónica, la fiebre amarilla y la palúdica. Con satisfacción podemos decir que el último caso de peste bubónica ocurrido en los Estados Unidos tuvo lugar en San Francisco hace dieciocho meses. El número de casos ha sido publicado, de tiempo en tiempo, en los informes de sanidad pública por el Servicio de Sanidad Publica y Hospitales Marítimos, así como las medidas que se tomaron para la supresión de la enfermedad, la inspección cuidadosa que se ejerció en aquella parte de la ciudad de San Francisco que fué atacada por la peste, y una relación de las observaciones de los fallecidos, la inspección de los cadáveres en los distintos establecimientos funerarios de la ciudad, y, como medida sanitaria especial, la destrucción de ratas y ratones y el examen cuidadoso de los cogidos en ratoneras ó hallados muertos en varias partes de la población. Podemos felicitarnos por el hecho de que la peste, no sólo quedó limitada á una parte de la ciudad, sino que también se impidió su propagación á otras secciones de la misma y absolutamente á ninguna otra parte fuera de los límites de California, lo cual demuestra la eficacia de las medidas tomadas, y la posibilidad de poderse atacar sin miedo una enfermedad de este género, y sin serios detrimentos á los intereses comerciales de la ciudad en que prevalece; y sobre todo la prueba del triunfo de la ciencia higiénica moderna en su lucha contra una de las enfermedades más temidas que conocemos.

Con respecto á la fiebre amarilla, no es necesario decirles, señores, que esta enfermedad prevalece en la actualidad en la ciudad de Nueva Orleans, en otros puntos del Estado de Luisiana y del adyacente Estado de Mississippi. Hasta la fecha han ocurrido en la ciudad de Nueva Orleans 3,214 casos de la enfermedad, con 409 defunciones. En los varios partidos del Estado de Luisiana, fuera del de Nueva Orleans, se han registrado 2,778 casos, con 232 defunciones, y en Mississippi, según los partes recibidos hasta el 27 de septiembre, se han registrado 332 casos y 13 defunciones. Cómo se importo esta enfermedad en Nueva Orleans, que así es, es una cuestión que aún se está investigando, y el método de su introducción y la época de su primera aparición están aún por saberse, y el que yo exprese una opinión positiva en la presente ocasión sería inmodesto é impropio; pero debe entenderse claramente que en todos los demás puntos de los Estados Unidos en donde prevalece la fiebre amarilla, se cree que fué introducida por ciertas excursiones ferroviarias que conducían gente de varios Estados adyacentes—Mississippi, Alabama y Florida—á Nueva Orleans, después que la enfermedad prevaleció allí, pero antes de que fuera reconocida ó anunciada. Las medidas adoptadas en Nueva Orleans para la supresión de la enfermedad son las mismas que la Comisión Americana puso tan notablemente en práctica en la ciudad de la Habana, Cuba, cuyo benéfico trabajo ha sido continuado por algunos de los caballeros presentes en esta Convención. Las medidas tomadas para atacar la enfermedad han sido dirigidas única y simplemente contra el mosquito *Stegomyia fasciata* como el único medio de trasmisión de la fiebre. Se ha iniciado una campaña contra este mosquito. Las medidas adoptadas han sido la fumigación, con azufre ú otras sustancias, y el aislamiento de las personas tanto afectadas como sospechosas en hospitales perfectamente resguardados ó habitaciones completamente resguardadas en las casas en donde se las ha hallado enfermas. También se han tomado precauciones contra las cisternas y aguas estancadas, y los sitios en que no se podía dar salida al agua han sido rellenados; se ha tomado la precaución de echar sal en las alcantarillas de Nueva Orleans, basándose esta medida en el hecho de que el óvulo del mosquito *Stegomyia* no se incuba en el agua cuya sexta parte sea salada.

Decir que los experimentos han sido coronados con el éxito sería anticipar los resultados que creemos tendrán efecto dentro de las dos próximas semanas. Eso sí, han sido coronados con éxito en cierto modo, lo cual es grato por la originalidad de los métodos. La enfermedad no se ha propagado con la rapidez y en la extensión que se han observado en epidemias anteriores, y se cree que ello es debido al jefe del servicio que tengo el honor de representar aquí y á los funcionarios á quienes se ha encomendado la misión de llevar á cabo las medidas antiepidémicas en Nueva Orleans, así como también á ellos se deberá el que los resultados que se obtengan dentro de un período de tiempo relativamente corto sean una evidente prueba de la exactitud de la doctrina que sustenta que el mosquito es el único agente trasmisor de la fiebre amarilla.

Ahora me ocuparé de la fiebre palúdica. Como Vds. saben, este es un país de mucha extensión. La palúdica es algo que está perennemente entre nosotros y que se manifiesta bajo distintas formas. Es imposible decir qué medidas han sido tomadas para combatir la fiebre palúdica, pero sí se puede decir que es una cuestión que ha ocupado la atención de las juntas de sanidad de varios Estados de la Unión, y la exactitud de la doctrina de que el mosquito es el trasmisor de la fiebre ha quedado grabada y se ha justificado en las mentes de las autoridades de sanidad de los Estados. Este asunto ha excitado el más vivo interés en

casi todos los Estados de la Unión. Actualmente se ha iniciado una campaña contra el mosquito *anopheles* como el único trasmisor de la palúdica, y grandes organizaciones de varios Estados, y en una ocasión una asociación nacional, se han ocupado en trabajar por la total supresión de todos los mosquitos, en lo posible. Esa asociación, la Sociedad Americana para el Exterminio del Mosquito, celebró en Nueva Orleans, hace cosa de un año, su segunda reunión, recibiéndose buenas noticias de varias comunidades y estados interesados, demostrando el espíritu de emulación que existía entre varias comunidades en los mismos Estados, y entre las mismas ciudades, para la supresión del mal que nos ocupa y la eliminación de esa fecunda fuente de la propagación de una enfermedad que, cuando se dice todo, produce mas insalubridad, si no mortandad, que la fiebre amarilla, que nosotros, como higienistas, tememos tanto.

Siento, Señor Presidente, no haber podido, por ahora, poner mis observaciones en forma escrita, pero con su permiso el informe completo será sometido, ó bien antes de la clausura de la Convención, ó bien á tiempo para poderse publicar con los trabajos.

INFORME DEL DR. J. T. FULTON, DELEGADO DE LOS ESTADOS UNIDOS.

Señor Presidente, Señores: Obedeciendo á la indicación que se me hizo hace unos días, comparezco ante esta Convención para hacerles, tan breve y claramente como pueda, una relación de los métodos de organización que se observan en los Estados de la Unión para los fines de gobierno sanitario. Hay unos seis sistemas distintos en nuestra nación, de los cuales no todos son buenos y ninguno del todo malo. Para empezar con la forma más primitiva, citarímos primero el estado de la parte sur más extrema de la Unión. Allí el gobierno sanitario se halla investido en un sólo indivíduo. El Estado de Tejas no tiene junta de sanidad; no tiene otra base de organización sanitaria que la cuarentena. Por esta razón el gobierno sanitario del Estado de Tejas es á mi juicio el de la forma más primitiva que puede hallarse en nuestro país. El funcionario de cuarentena de Tejas reune en sí todas las facultades sanitarias del Estado, y hasta el presente esta autoridad se ha ejercido contra una enfermedad solamente, enfermedad que no siempre prevalece en Tejas. El funcionario de cuarentena de Tejas tiene la misión de evitar la introducción de la fiebre amarilla. Con respecto á la peste bubónica tiene poderes semejantes; pero no tiene facultades en cuanto al régimen interior, ó por lo menos no las ejerce relativo á las enfermedades que pudieran prevalecer en las localidades. Bajo este punto de vista la organización sanitaria de Texas pertenece estrictamente á la clase de agencias de necesidad, y no tiene prácticamente deberes rutinarios aparte de los de cuarentena marítima, ó de los de un caso de urgencia. Esta es la forma más primitiva de organización sanitaria.

Después viene probablemente la forma de gobierno que se limita á evitar la introducción de enfermedades exóticas, pero sin que el gobierno esté investido en un hombre sólo. El Estado de Luisiana tiene una junta de sanidad que es esencialmente una junta de cuarentena, es decir, que no tiene otros deberes que los relativos á enfermedades que no son propias del país. No tiene deberes con respecto á las enfermedades que prevalecen siempre entre los habitantes del Estado. Es estrictamente una junta de cuarentena que sostiene un extenso y costoso equipo, no para adquirir pericia en algún trabajo higiénico rutinario, sino simplemente para impedir la introducción de enfermedades que no prevalecen normalmente en la población. Varios de los Estados de la costa del Golfo pertenecen á esta clase. Anteriormente Georgia, Misisipí y Alabama tenían sus juntas de sanidad organizadas bajo un plan por el estilo. Felizmente, el Estado de Florida se ha apartado de esta condición, y deshaciendose finalmente de su sistema de cuarentena ha llegado á constituir una verdadera junta de sanidad, es decir, una junta con ideas modernas que mira por las necesidades del pueblo en las circunstancias ordinarias y en todas las épocas. Georgia también tiene una junta de sanidad basada en principios modernos, y, en verdad, pronto llegará á ser un factor importante en el progreso de la higiene en los Estados Unidos. Estos dos ejemplos demuestran las dos formas más sencillas de organización sanitaria en este país.

Sobre éstas está la forma de una junta de sanidad que es, en realidad, representante del pueblo del Estado y que siempre está ocupada en la solución de los problemas que éste la presenta. Como ejemplo de esta clase de junta de sanidad, citaré las de los Estados de Massachusetts, Michigan y Iowa. Estas juntas se componan de cinco ó siete indivíduos, los cuales son nombrados por el gobernador del Estado para un plazo determinado. Algunos de ellos son médicos, pero no todos. Estas juntas no desempeñan funciones ejecutivas; elijen ó nombran á sus respectivos secretarios, los cuales son sus funcionarios ejecutivos por virtud de sus nombramientos. Con esto el funcionario ejecutivo de una junta de sanidad de este género queda colocado en el rango de jornalero más bien que en el de funcionarios asalariados, lo cual es una ventaja. La junta no está obligada á nombrar

á un ciudadano del Estado, pasando por alto las miras políticas, y no está restringida por limitaciones constitucionales con respecto al sueldo. El funcionario ejecutivo de una junta de esta clase puede ser un perito higienista. Tiene buenas oportunidades para trabajar eficazmente en materia de saneamiento, y algunos de los mejores resultados conseguidos en este país lo han sido por medios de juntas de esta forma, á pesar de que son pocas.

Después tenemos la clase de juntas de sanidad á la cual pertenece la gran mayoría de las juntas de esta nación. Estas son las juntas cuya mayoría de individuos está compuesta de médicos, y que son nombrados por los gobernadores de los Estados por un espacio de tiempo determinado, y las cuales elijen un secretario ó funcionario ejecutivo que es al propio tiempo miembro de la junta. En otras palabras, en una junta de esta forma, el secretario no es un empleado de ella, sino uno de sus individuos. Generalmente sus funciones están prescritas por la ley. Como esta es numéricamente la clase más grande de juntas de sanidad, nos ha dado muchas buenas muestras de sus trabajos, y quizás, por era misma razón, por ser la clase más numerosa, también nos ha demostrado los abusos de que es susceptible este sistema. En esta clase de juntas no es posible salirse de los partidos políticos para poder en contrar un perito higienista. El funcionario ejecutivo queda hecho miembro de la junta y debe ser elegido de entre los ciudadanos del Estado. Mencionaré uno de los abusos factibles bajo este sistema. El peor es que los miembros de la junta, desde la fecha de sus nombramientos, pueden convenir en dividir las utilidades, durante el desempeño de sus cargos, de tal manera que todos reciban partes iguales. En este país ninguna de las juntas de sanidad percibe remuneración, ni tampoco los funcionarios ejecutivos, según tengo entendido, en estas dos clases. De modo que sucede, como en una junta de sanidad que sé, que sus miembros se dividen las utilidades de sus cargos por el período de seis años, conviniendo en que cada uno desempeñara las funciones del ejecutivo durante un año, al cabo del cual traspasa su cargo ejecutivo al siguiente individuo. De este modo la junta de sanidad que antes hacia buenos trabajos ahora no los hace, porque cambia su secretario y funcionario ejecutivo todos los años. Esta es la fase peor que puede tomar este sistema nuestro, que comprende el mayor número de las juntas de sanidad.

Después de éste, lo cual es muy extraño, volvemos al primer sistema de todos, el cual tiene la mejor razón á su favor, el sistema de gobierno sanitario investido en un sólo individuo. Desde que Tejas empezó este sistema, en donde empieza á caer en desuso, dos Estados de nuestra Unión han vuelto á dar vida á la idea, Nueva York y Pennsylvania. No existe junta de sanidad en Nueva York, pero si una extensa y fuerte organización sanitaria, cuyo jefe es un comisionado de sanidad, nombrado por el gobernador del Estado, que desempeña el cargo por un espacio de tiempo igual al de la duración del cargo de dicho gobernador. Esto ha hecho que el puesto ejecutivo de la organización sanitaria de Nueva York sea muy solicitado; es una golosina política; y la experiencia nos demuestra que los jefes de las juntas de sanidad cambiarán en Nueva York tan rápidamante como el jefe ejecutivo. La junta de este Estado se compone de un sólo individuo, y todas las responsabilidades del gobierno sanitario del Estado se hallan concentradas en él, con la facultad de destituir á casi todos sus subordinados. Hace un año que el Estado de Pennsylvania ha adoptado el mismo plan, después de haber tenido por espacio de veinte y cinco ó treinta años una junta de sanidad nombrada, con facultad para elegir á su propio secretario. Tal vez no es aún tiempo para decir que este último sistema es malo. Es concebible que un individuo, como único árbitro sanitario de los destinos del Estado, sea bastante poderoso para colocarlo á una altura considerable; pero ello no está muy de acuerdo con nuestras ideas republicanas, y yo, personalmente, me inclino á dudar que haya sido un paso bien dado. Creo que es una circunstancia muy curiosa la que estos dos últimos Estados cambiaran sus leyes para volver al sistema de gobierno sanitario investido en un sólo individuo que entonces únicamente en Tejas se hallaba en práctica, y estoy bastante seguro de que Tejas está para abandonar ese sistema.

He hecho esta breve descripción de los métodos de organización en los Estados Unidos para vuestra información simplemente. Considero impropio por mi parte el que yo expresare mis opiniones personales sobre las probabilidades de establecer definitivamente en este país una organización higiénica de primera clase bajo uno de los sistemas expuestos, por más que tengo esas opiniones, que por el presente me reservo.

EXTRACTO DEL INFORME PRESENTADO POR EL SEÑOR P. REQUENA BERMÚDEZ, ENCARGADO DE NEGOCIOS DEL URUGUAY EN WÁSHINGTON.

(Si bien la República Oriental del Uruguay no firmó el convenio adoptado por la Conferencia, estuvo representada en sus sesiones por el Señor P. Requena Bermúdez, Primer Secretario y Encargado de Negocios de dicha República en Wáshington, quien, en nombre de su Gobierno, presentó ante la Conferencia una extensa memoria, cuyo extracto es el siguiente.)

Las medidas sanitarias adoptadas han venido á modificar leyes relacionadas con la sanidad marítima y terrestre, siendo algunas de ellas de tal importancia que no dudamos presentarán á nuestro país como inspirado en las más avanzadas ideas sobre el modo como debe establecerse la profilaxia de las enfermedades exóticas ó infecto-contagiosas.

La defensa contra la importación á nuestro país de enfermedades contagiosas é infecto-contagiosas; lo pertinente á los artículos 33 y 50 del Reglamento de Sanidad Marítima; la lucha contra la tuberculosis, y la inspección sanitaria de la prostitución han originado nuevas leyes y ordenanzas que determinan medidas profilácticas más en armonía con el criterio moderno sobre el modo de propagación y los medios para combatir las enfermedades infecto-contagiosas.

Todas las medidas nuevas adoptadas por el Consejo Nacional de Higiene son de suma importancia, pero la que está destinada á revolucionar totalmente lo existente, la que mayores beneficios reportará al público, al comercio y á nuestras relaciones internacionales, es la referente al modo de practicar la profilaxia de la penetración por mar de enfermedades exóticas de naturaleza contagiosa, como son la peste de Oriente, la fiebre amarilla y el cólera asiático.

Las bases de esta profilaxia han sido adoptadas por la Convención Sanitaria Internacional celebrada en Río Janeiro el 5 de junio de 1904 en la que tomaron parte los delegados de las Repúblicas del Uruguay, Argentina, Brasil y Paraguay, bases que fueron ratificadas por los Gobiernos respectivos, los cuales han dictado decretos pertinentes al cumplimiento de lo establecido en este convenio.

En materia profilaxia internacional nada existe más liberal que lo resuelto por dicho tratado sanitario. Por él se suprimen las largas cuarentenas, el rechazo de navíos infectados y todas las medidas añejas que entorpecían el comercio, dificultaban las relaciones con el extranjero y fastidiaban el viajante; beneficios todos que han sido obtenidos con disposiciones que no pueden disminuir en nada la eficacia de los medios profilácticos necesarios para mantener al país libre de enfermedades exóticas contagiosas. Nuestro país puede enorgullecerse de haber tomado la iniciativa de la mencionada convención.

Para la ejecución de lo acordado en la convención de Río Janeiro, el Consejo Nacional de Higiene hará construir un desinfectorio en uno de los muelles de desembarco de pasajeros. En ese local que estará provisto de estufas y otros medios de desinfección, se desinfectarán las ropas y equipajes de los pasajeros. En tanto que no se haya realizado esta instalación se continuarán utilizando los locales y estufas de desinfección de la Isla de Flores para el tratamiento de ropas y equipajes.

Los pasajeros irán en libertad á sus domicilios, donde serán vigilados por los médicos inspectores de sanidad terrestre durante un tiempo igual al período de incubación de la enfermedad que se sospecha.

Los buques y las mercaderías serán desinfectadas por el aparato Clayton, después de cuya rápida operación se encontrarán completamente libres para el comercio.

Los pasajeros atacados de una enfermedad exótica, y los pasajeros de tercera clase irán para su asistencia ó vigilancia á la Isla de Flores que es la única estación sanitaria que poseemos.

El Consejo Nacional de Higiene estudia el modo de trasformar la actual casa de aislamiento en estación sanitaria terrestre con el fin de poder asistir allí al pasajero que al llegar á nuestro puerto se encuentra atacado de una enfermedad infecto-contagiosa.

En el Reglamento de Sanidad Marítima se han introducido algunas modificaciones á los artículos 33 y 50. Los artículos sustitutivos tienen en cuenta el tratamiento correspondiente á los buques infectados por una de las enfermedades exóticas contagiosas; en ellos se especifica con más precisión la clasificación de buques infectados y de buques sospechosos, y se determina el tratamiento sanitario de los buques infectados por viruela, tifus exantemático, sarampion y difteria.

En lo relativo á la sanidad terrestre el consejo ha tomado nuevas medidas con el fin de establecer un tratamiento profiláctico más eficaz en los domicilios de los tuberculosos menesterosos. También ha estudiado la reglamentación de la inspección sanitaria de la prostitución.

Las personas menesterosas atacadas de tuberculosis, enfermedad que por su frecuencia, extensión y graves consecuencias ha llegado á ser un temible mal universal, han tomado en Montevideo un rumbo que facilitará el llegar más fácilmente al fin anhelado por las autoridades sanitarias, cual es la represión ó disminución de la diseminación de la tuberculosis entre sus habitantes.

Gracias á los humanitarios servicios prestados por la Liga contra la Tuberculosis, el tísico menesteroso reúne para su asistencia á los dispensarios de esta institución y los médicos que los dirigen se apresuran á denunciarlos. Todos los casos de tuberculosis que comienzan ó son antiguos, que se asisten en los dispensarios son denunciados. También lo son muchos otros asistidos en sus domicilios, gracias á que en general los médicos se han lanzado en la sana corriente de denunciar los tuberculosos menesterosos á quienes prodigan sus cuidados.

De ahí que las estadísticas recientes, sobretodo la de 1904, acusen un número relativamente crecido de denuncias por tuberculosis con relación á los años anteriores. En realidad muchos de esos casos no son recientes, producidos en el año, sino que son de años anteriores, que nunca fueron denunciados y que ahora, al concurrir á los dispensarios "Maciel" de la Liga, solicitando cuidados son declarados á las autoridades sanitarias.

El Consejo Nacional de Higiene, en diciembre de 1904, ha dictado varias medidas profilácticas que fueron aprobadas por el Ministerio de Gobierno y que se practican en los domicilios de los tuberculosos menesterosos de Montevideo.

Entre los asuntos sanitarios que actualmente ocupan la atención del consejo figura la reglamentación de inspección sanitaria de la prostitución.

Hasta el presente el servicio de sanidad de la prostitución dependía de la jefatura de policía. En lo adelante será una dependencia del Consejo Nacional de Higiene, el que dispondrá de un cuerpo de médicos inspectores, oficinas de registro, locales para la inspección sanitaria de las prostitutas, etc.

El estado sanitario de la República en el año de 1904 y lo que corre del 1905 ha sido satisfactorio. Se ha notado la existencia de débiles epidemias de viruela, fácilmente sofocadas por la vecunación y otras medidas profilácticas comunes. También se han registrado algunos casos de escarlatina, difteria y fiebre tifoídea.

En cuanto á la fiebre amarilla, peste bubónica y cólera asiatico son enfermedades exóticas en nuestro país y por lo tanto desconocidas.

La fiebre palúdica es una enfermedad que tampoco existe en nuestro suelo, á lo menos en sus formas típicas, no atreviendonos á afirmar que no existen casos larvados en algún punto de la campaña.

INFORME DEL DELEGADO DE VENEZUELA, SEÑOR N. VELOZ-GOITICOA.

Como delegado de los Estados Unidos de Venezuela á esta Convención Internacional tengo el honor de presentar el informe prescrito por el programa científico sobre las enfermedades que prevalecen en mi país y las leyes de sanidad y cuarentena que están vigentes actualmente.

Cuanto al primer punto, refiérome al anexo marcado con la letra *A*, que contiene un memorial del director de la oficina de higiene y estadística de la sección occidental del Distrito Federal, intitulado "Informe sanitario demográfico," que comprende toda la mencionada sección del referido Distrito y es un importante estudio comparativo sobre la mortalidad, natalidad, nupcialidad y las causas de mortalidad y sus comparaciones, é incluye los trabajos ejecutados por las inspectorías de aseo urbano y obras públicas municipales.

El anexo marcado con la letra *B* contiene los cuadros generales de la estadística de mortalidad relativa al segundo semestre del año de 1904 en los Estados de la Federación Venezolana y su Distrito Federal, clasificada aquella según el sistema de Bertillón por enfermedades y causas de muerte dando al terminar una demostración gráfica del por ciento de la totalidad de las defunciones. Estos datos son tomados de los que publica la dirección general de estadística en la memoria del ministerio de fomento de 1905.

El sumario de las leyes de sanidad y de cuarentena vigentes en Venezuela es como sigue:

ENFERMEDADES QUE RECLAMAN CUARENTENA Y PRECAUCIONES SANITARIAS.

El cólera asiático, la fiebre amarilla, la peste bubónica, la viruela y el tifus son las enfermedades que exigen la cuarentena y otras medidas especiales de salubridad.

Los buques que procedan ó se sospeche que proceden de algún puerto infectado de una de aquellas enfermedades son sometidos á cuarentena de observación de tres días para las personas; pero si hay plena seguridad de que no ha habido ningún caso de enfermedad en la travesía, podrá reducirse la cuarentena de observación á menor tiempo, después de un reconocimiento escrupuloso.

La cuarentena de observación se hace en lazaretos, y, á falta de estos, en pontones destinados al efecto.

Todo buque que, durante la travesía, ha tenido á bordo casos de enfermedad de las mencionadas se le someterá á cuarentena de rigor. Esta será para el cólera asiático de una á dos semanas; para la fiebre amarilla de tres á seis días, y para la peste bubónica de doce. Los enfermos serán recluidos en un lazareto, y las personas sanas que se hallen á bordo, junto con los equipajes, mercancías y demás objetos, quedan en el mismo buque ó se trasladan á otro lazareto hasta que transcurra el tiempo acordado para la cuarentena, procediéndose á la desinfección del buque al practicarse el desembarque de los indivíduos. Las personas de á bordo quedarán sujetas á la cuarentena que disponga el respectivo médico de sanidad y la junta en vista de las circunstancias del caso.

RECONOCIMIENTO DE LOS BUQUES Y CUARENTENA.

Al llegar un buque sospechado ó infectado á uno de los puertos de Venezuela, no se le permite en ningún caso la comunicación con él y se impide el desembarque de las personas, equipajes, mercaderías y demás objetos.

Los buques que vienen con patente limpia; pero que hubieren experimentado en la travesía casos de cólera asiático, fiebre amarilla, peste bubónica, etc., serán sometidos á cuarentena de rigor, la cual durará el tiempo que sea designado.

Si el buque ha tenido comunicación directa con puertos donde reina epidemia, ó si viene de algún puerto donde ha reinado recientemente, se someterá también á cuarentena de observación.

Todo buque sometido á cuarentena de observación se hará anclar á sotavento, se vigilará atentamente y será asistido por un médico. Si durante la cuarentena de observación se presenta algún caso de enfermedad infectiva, comenzará desde luego la cuarentena de rigor. Si el buque puesto en cuarentena quisiere seguir viaje, al despacharlo debe hacerse constar en la patente su estado de sanidad.

La junta de sanidad y las autoridades de policía tomarán todas las precauciones higiénicas necesarias para impedir el desarrollo de principios deletéreos en la localidad, destruyendo todo foco de infección, manteniendo el mayor aseo que sea posible y esterelizando todo aquello que pueda alterar la atmósfera ó viciarla de cualquiera manera.

DESINFECCIÓN.

Esta se verifica delante del médico de sanidad y comprende la desinfección de los equipajes, mercancías y del buque mismo de una manera rigurosa y general.

Las substancias animales, como cueros, la lana, la crin y las substancias orgánicas, se desinfectan más cuidadosamente, y cuando esto no pueda hacerse se incineran.

La desinfección se hace siempre según la naturaleza del objeto, y es más estricta respecto de aquellas substancias susceptibles de conservar el principio maléfico y menos rigurosa cuanto á las que no son tan susceptibles de conservarlo.

La desinfección se hace después de que el buque esté anclado y descargado, fumigándolo con cloro, azufre y chorros de vapor.

LAZARETOS.

Los lazaretos se escogerán en los lugares más adecuados á sotavento del puerto, eligiéndose con preferencia una isla desierta que tenga buena agua potable.

PATENTES DE SANIDAD.

Á todo buque que llega á algún puerto de Venezuela se le exige la patente de sanidad, en la cual debe constar su punto de partida, los lugares á donde se dirige su verdadero estado sanitario y las enfermedades que se hayan sufrido en él durante la travesía. Si trae patente sospechosa sera sometido á cuarentena de observación y si la trae sucia á la de rigor.

AUTORIDADES DE SANIDAD.

En cada puerto hay juntas de sanidad que atienden y vigilan las necesidades locales y toman las precauciones debidas para evitar la importación de las enfermedades epidémicas, así como también para hacer cumplir las disposiciones del reglamento de sanidad, especialmente en lo concerniente á cuarentenas y medidas de salubridad.

El jefe de la salud es un médico nombrado al efecto quien tiene á sus órdenes todos los agentes destinados al servicio de sanidad.

Las juntas de sanidad se compondrán del médico nombrado al efecto de la primera autoridad civil del lugar, del administrador de la aduana marítima, como representante del fisco y en su carácter de capitán del puerto, de dos comerciantes vecinos y de un ingeniero. Esta junta está presidida por el médico de sanidad, y también forman parte de ella, con voz y voto consultivos, los cónsules extranjeros residentes en el puerto, para garantía de los intereses que tienen que guardar.

Las juntas de sanidad se reunir cada vez que lo juzga conveniente el médico director de la salud y se ocupan de todo aquello que se relaciona con el régimen de los lazaretos y pontones establecidos ó que se establezcan, de su escrupulosa vigilancia y de todo lo que contribuya á salubridad de la localidad.

Las autoridades civiles y militares y los empleados en el orden rentístico y político están en el deber de cooperar con las juntas de sanidad á este fin y de prestarles eficaz y oportuna ayuda en sus decisiones.

Dejo, así, cumplido el encargo de presentar á la Convención informe como delegado de mi páis sobre las enfermedades que prevalecen en él y sobre sus leyes sanitarias y de cuarentena.

Anexo A.

Informe sanitario-demográfico de Caracas, El Valle, Antímano, La Vega, Macarao, El Recreo, La Guaira, Maiquetía, Macuto, Caraballeda, Naiguatá Carayaca, Caruao, Los Teques, Miquilén, Carrizal, San Pedro, San Antonio, San Diego, Tácata, Paracotos, Petare, Baruta, El Hatillo y Chacao en el año de 1904.

INFORME PRESENTADO AL CIUDADANO GOBERNADOR POR EL DR. A. HERRERA VEGAS, DIRECTOR DE LA OFICINA.

Ciudadano Gobernador de la Sección Occidental del Distrito Federal, Caracas:

Cábeme hoy la muy legítima satisfacción de poner en sus manos el informe sanitario y demográfico del vasto territorio de su jurisdicción en el año de 1904. Es este el cuarto que me toca subscribir, pues aunque la oficina de higiene y estadística á mi cargo, sólo cuenta dos años de establecida, desde tiempo antes dediquéme á esta clase de estudios y solicitando datos y materias, hube de conseguir formar el expediente sanitario de Caracas y sus pueblos circunvecinos en los años de 1901 y 1902.

En la actualidad, asistida la oficina de higiene y estadística, por las autoridades civiles y administrativas, su labor ha sido, si no fácil, al menos más hacedera, y puedo por tanto presentar á Vd. un estudio particular y comparativo del movimiento de población y de las condiciones sanitarias de Caracas, El Valle, Antimano, La Vega, Macarao y El Recreo, que forman el Departamento de Libertador; de La Guiara, Maiquetía, Macuto, Caraballeda, Naiguatá, Carayaca y Caruao, parroquias del Departamento de Vargas; de Los Teques, Miquilén, Carrizal, San Pedro, San Antonio, San Diego, Tácata y Paracotos, componentes del Departamento de Guaicaipuro, y finalmente de Petare, Baruta, Hatillo y Chacao, partes del Departamento de Sucre. En total veinte y cinco poblaciones con un número de 184,500 almas, repartidas así: Caracas, 85,000 almas; parroquias foráneas, 18,500; Departamento de Vargas, 32,000; Departamento de Guaicaipuro, 30,000, y Departamento de Sucre, 19,000.

La vastísima extensión territorial, su numerosa población y los múltiples intereses que se encierran en esta sección de Venezuela hace que haya deber de fijar seriamente la atención en todos los pormenores que se desprenden del estudio de este informe, que me permito recomendar muy encarecidamente á Vd.

Sumario.

LABOR DE LA OFICINA DE HIGIENE EN EL AÑO DE 1904.

Caracas.—Estudio comparativo de su mortalidad, natalidad, nupcialidad y movimiento de población en 1904. Causas de mortalidad, edad de los fallecidos, nacionalidad, enfermedades dominantes en el año, fiebre tifoidea, tuberculosis, enfermedades del aparato digestivo, clima de Caracas, paralelo entre los fallecimientos y las estaciones del año, coeficiente de mortalidad, natalidad general y comparada, hijos legítimos é ilegítimos, variaciones anuales de natalidad desde 1900. Nupcialidad: Total de matrimonios, edad de los contrayentes, matrimonios por mes y por parroquias. Nupcialidad comparada y coeficiente de nupcialidad. Conclusiones. Departamento de Vargas, Departamento de Guaicaipuro y Departamento de Sucre: Estudio de su población.

LABOR DE LA SECCIÓN DE HIGIENE EN EL AÑO DE 1904.

Antes de entrar en el estudio sanitario y demográfico de la sección, séame permitido mostrar á Vd. el informe detallado del gran número de trabajos ejecutados por la oficina de higiene y por las inspectorías de aseo urbano y obras públicas municipales, que si bien estas últimas no dependen de aquella, sus labores redundan directamente en pro de la salubridad general y es por ésto que las incluyo.

Nada se había hecho en Caracas semejante á lo que dejo espuesto en este informe; algo se está haciendo, pero mucho, muchísimo falta por hacerse, para que la higiene y la salubridad por consecuencia, de nuestra capital, alcance el debido desarrollo.

Con sobra de bien fundadas esperanzas creo, y junto conmigo todo Caracas, que este ha de marcarse con letras de oro en los anales de la historia de Venezuela por su progreso, y no es dudable que el Gobierno Nacional, presidido por un patriota tan ardiente como el General Castro, tenderá mano providente á la yá empezada obra de la higienización de la República.

A Vd. como fiel intérprete de los elevados setimientos de aquél, corresponderá la gloriosa tarea, secundado por sus subalternos, de arrancar á la muerte el crecido tributo que hoy le pagamos, debido á lo insuficiente de nuestros medios de defensa contra ella.

RELACIÓN DE LOS TRABAJOS EJECUTADOS POR LA OFICINA DE HIGIENE EN EL AÑO DE 1904.

Sección de aseo urbano.

Aseo diario del mercado, matadero, plazas, bulevares y gran número de calles. Reparación constante de cloacas y pavimento de calles. (Inspectorías del ramo.)

	Número.
Focos de infección denunciados	378
Inspecciones verificadas	412
Órdenes de aseo	215
Total de asuntos	1,014

Sección de bromatología.

	Número.
Denuncios de alimentos de mala calidad	257
Muestras de alimentos recibidas	137
Solicitud de análisis	35
Inspecciones en mercado	26
Inspecciones en matadero	18
Inspecciones en vaquerías	89
Inspecciones en hortalizas	28
Inspecciones en pesas de carne	56
Inspecciones en establecimientos de víveres	178
Total de asuntos	824

Alimentos decomisados por la oficina de higiene y por la regiduría del mercado:

	Libras.		Libras.
Peteado fresco	4,967	Queso	180
Pescado salado	2,706	Morcilla	214
Carne fresca	443	Mantequilla	139
Carne salada	573	Jamón	173
Caraotas	4,701	Pastas italianas	190
Garbanzos	882		
Papas	4,048	Total	19,541
Otras verduras	325	Conservas alimenticias....potes.	261

Sección de profilaxia de enfermedades contagiosas.

	Número.
Denuncios recibidos	32
Inspecciones	32
Solicitud de desinfecciones	26
Desinfecciones verificadas en 26 locales	152
Total	242

Sección de vacunación.

	Número.
Inoculaciones de vacuna	212
Certificados expedidos	37
Total	249

Sección de estadística demográfica.

Se expidieron datos pedidos por los DD. L. Razetti y Ayala y Bachilleres Clemente, Smith, De Armas, y González Montano y por la oficina de higiene de São Paulo, Brasil.

Se publicó mensualmente el informe de la sección occidental del Distrito Federal.

Corresponde por todos respectos el sitio de preferencia á Caracas y por tanto por ella daré comienzo.

El año de 1904 puede calificarse como el más favorable para nuestra capital, considerado desde el punto de vista sanitario demográfico, como se vé con perfecta claridad en el cuadro marcado con el número 1.

Comparado con el correspondiente al de 1903, la mejora es resaltante y atenidos á las cifras de los años anteriores resulta aún más, como se demuestra aquí:

Mortalidad de Caracas.

Año.	Número de muertes.	Coeficiente anual.
1901	2,838	33.00
1902	3,233	38.03
1903	3,199	37.99
1904	2,516	29.06

ESTADÍSTICA DE MORTALIDAD.

Defunciones por causas, edades, sexos y nacionalidades ocurridas en Caracas durante el año de 1904.

[Población de Caracas, 85,000 habitantes.]

Enfermedades epidémicas:	
Fiebre tifoidea	86
Erisipela	2
Sarapión	1
Difteria	4
Tos ferina	4
Gripe	7
Otras enfermedades epidémicas	5
Total	109
Enfermedades generales:	
Tuberculosis pulmonar	415
Tuberculosis meníngea	13
Tuberculosis de otros órganos	80
Tuberculosis generalizada	13
Escrofulismo	11
Mal de Pott	2
Sífilis	8
Alcoholismo	21
Cáncer y otros tumores	56
Septicemia	1
Anemia y clorosis	21
Fiebres palúdicas	31
Reumatismo	1
Intoxicaciones profesionales	2
Total	675
Enfermedades del sistema nervioso y de los órganos de los sentidos:	
Encefalitis	16
Meningitis simple	44
Ataxia locomotriz	3
Reblandecimiento cerebral	13
Congestión cerebral	12
Hemorragia cerebral	23
Epilepsia	2
Parálisis general	11
Eclampsia no puerperal	26
Tétanos infantil	46
Otras enfermedades del cerebro	23
Otras enfermedades de la médula	10
Tétanos	17
Total	246
Aparato circulatorio:	
Endocarditis	10
Pericarditis	2
Enfermedades orgánicas del corazón	80
Angina de pecho	16
Afecciones valvulares	84
Afecciones arteriales	60
Aneurismas	67
Embolías	2
Otras enfermedades	14
Total	335
Aparato respiratorio:	
Enfermedades de la laringe	2
Bronquitis aguda	25
Bronquitis crónica	3
Neumonía	59
Pleuresía	18
Congestión pulmonar	12
Hemorragia	11
Gangrena	1
Asma	3
Bronconeumonía	41
Otras enfermedades	22
Total	194
Aparato digestivo:	
Faringe y exófago	2
Úlcera del estómago	9
Otras enfermedades del estómago	34
Diarrea en menores de dos años	133
Enteritis	159
Hernias y obstrucciones intestinales	11
Parásitos intestinales	17
Otras enfermedades del intestino	6
Disentería	181
Cirrosis	23
Icteria grave	11
Abcesos hepáticos	40
Cálculos hepáticos	6
Peritonitis simples	26

Defunciones por causas, edades, sexos y nacionalidades ocurridas en Caracas durante el año de 1904—Continúa.

Aparato digestivo—Continúa.	
Apendicitis	7
Otras enfermedades	13
Cólera infantil	16
Total	694
Aparato génito-urinario:	
Nefritis aguda	25
Mal de Bright	19
Cálculos vesicales	1
Enfermedades de la vejiga	6
Enfermedades de la próstata	2
Hemorragia uterina	5
Hemorragia de los anexos	5
Qistes y otros tumores del útero y de los anexos	11
Total	74
Afecciones puerperales:	
Eclampsia	1
Otros accidentes	1
Septicemia puerperal	18
Total	20
Piel y tejido celular:	
Ántrax	8
Otras enfermedades	1
Total	9
Edades extremas:	
Debilidad congénita	89
Debilidad senil	27
Total	116
Muertes violentas:	
Por armas de fuego	12
Fracturas	3
Quemaduras	7
Suicidios	1
Envenenamiento	4
Otras muertes violentas	8
Muertes súbitas	2
Total	37
Enfermedades mal definidas	4

RESUMEN GENERAL.

Sistema nervioso	246
Sistema circulatorio	335
Sistema respiratorio	197
Sistema digestivo	694
Sistema génito-urinario	74
Enfermedades epidémicas	109
Enfermedades generales	675
Afecciones puerperales	20
Debelidad congénita	89
Debelidad senil	27
Muertes violentas	37
Piel y tejido celular	9
Enfermedades mal definidas	4
Total general	2, 516

Veamos ahora el cuadro comparativo de las causas de mortalidad en 1903 y 1904:

	1903.	1904.	Diferencia favorable á 1904.
Sistema nervioso	283	246	37
Sistema circulatorio	446	335	111
Sistema respiratorio	153	197	.....
Sistema digestivo	855	694	161
Sistema genito-urinario	71	74	.....
Enfermedades epidémicas	172	109	63
Enfermedades generales	869	675	194
Afecciones puerperales	15	20	.....
Debilidad congenita	52	89	.....
Debilidad senil	23	27	.....
Muertes violentas	41	37	4
Piel tejido celular	14	9	5
Mal de Pott	68	4	64
Desconocidas	15	.....	10
Total	3,199	2,516	.....

El cuadro (3) pone de manifiesto la marcha de la mortalidad en cada uno de los meses del año, siendo de notar el descenso de ella de enero á diciembre, conservando siempre el tipo de baja, la que persiste en los meses corridos de este año. Síguese también en este cuadro el movimiento de los fallecimientos en las ocho parroquias, notándose que la más

saludable es Santa Rosalía, y la menos San José. Aquella con una población de 10,000 habitantes, y ésta con 6,000; viene luego como saludable Santa Teresa, con 9,000 almas y 224 de mortalidad; en seguida La Pastora, con 6,000 habitantes y 241 fallecimientos, y finalmente Candelaria, San Juan, Altagracia y Catedral, con una mortalidad suficientemente representada para sus poblaciones.

En el mismo cuadro se puede estudiar el movimiento de mortalidad comparativo con el de 1903:

Mortalidad por meses en 1904.

	Enero.	Febrero.	Marzo.	Abril.	Mayo.	Junio.	Julio.	Agosto.	Septiembre.	Octubre.	Noviembre.	Diciembre.	Total.	1903.
Catedral	34	29	25	30	21	31	24	28	20	23	27	23	315	330
Altagracia	34	31	34	31	25	20	21	32	23	37	34	38	360	423
La Pastora	22	22	21	23	19	24	11	23	17	25	16	18	241	344
San Juan	27	24	25	28	39	27	28	31	19	28	25	33	334	386
Candelaria	35	19	23	31	29	34	29	18	34	15	23	17	307	424
Santa Rosalía	24	22	19	11	18	21	14	18	22	19	13	12	213	276
Santa Teresa	12	22	20	15	19	25	20	19	14	34	11	13	224	258
San José	50	40	56	31	46	56	43	54	36	30	44	36	522	758
Total	238	209	223	200	216	238	190	223	185	211	193	190	2,516	3,191

Aún es susceptible el cuadro anterior de mayor análisis y de más favorables deducciones al comparar las cifras de las enfermedades que siempre han causado más hondos quebrantos en la salubridad de nuestra capital. Comencemos por la tuberculosis.

TUBERCULOSIS.

En el año de 1903 esta terrible plaga social produjo un total de 563 víctimas escogidas en todas las edades de la vida, muy en especial entre los 15 y 40 años para ambos sexos. En 1904 aquella cifra se redujo á 521, aún altísima, cifra que clama muy alto nuestra decidia. Cuantas veces he intentado hasta hoy la creación de la Liga venezolana contra la tuberculosis, he fracasado lastimosamente, pero aún no estoy vencido, todavía me siento con fuerzas para la lucha y con entusiasmo para el trabajo. Nunca será tarde si conseguimos el objeto que perseguimos.

Otro de los capítulos que merecen seria atención es el de la fiebre tifoidea.

Mucho, muchísimo, pero no bastante háse hablado y escrito en estos primeros meses de 1905 y en los últimos de 1904 sobre esta enfermedad que nos invade cada día más y que nos amenaza con sentar sus reales para siempre entre nosotros.

Como las causas productoras, conservadoras y repartidoras de la enfermedad aún subsisten á saber: Cloacas deficientes por su primitiva construcción, las que afortunadamente serán muy en breve modificadas, pues el señor gobernador, tan celoso de la salubridad de Caracas, ha destinado el producto de la patente que por su contrato pagará el Señor Felipe Cavallini, para la instalación de la nueva red que realizará una mejora sanitaria de primer orden; y entre tanto, las reparaciones de las existentes se verifican con una constancia que es prenda segura del buen deseo de velar por la vida de los habitantes de Caracas; servicio de aguas en las casas de habitación defectuoso, descuido de las prácticas higiénicas en lo referente á ella, es claro que ha continuado su nefasta obra, no llegando por fortuna á tomar el carácter de epidemia, pero sí á producir un número de defunciones que nos obliga á tomar contra ella todas las precauciones que la ciencia prescribe y que la experiencia aconseja.

En 1903 la enfermedad produjo 88 defunciones y en este año 86.

APARATO DIGESTIVO.

Toca su turno á las desoladoras enfermedades del aparato digestivo, muy disminuidas relativamente en este año, pero siempre acusando un coeficiente tan alto, que las hace justiciables de un serio análisis.

En el año que estudiamos aquella clase de enfermedades produjeron 694 defunciones, contra 855 en el que nos sirve de comparación, resultando un saldo favorable para 1904 de 161.

Ya lo he dicho más veces de las indispensables para ser bien entendido, pero una más no huelga. El agua en primer término, no el agua de Macarao, sino el agua de Caracas, productora de disenterías, enteritis, vehículo de parásitos intestinales, es la causa más inmediata como causa del gran número de las enfermedades aludidas. Opinión que sostendré en tanto no se me pruebe lo contrario.

A pesar de los continuados y muy bien dirigidos esfuerzos del muy competente regidor del mercado de esta ciudad, quien diariamente visita los diversos Departamentos del edificio y decomisa cuanto no llena las condiciones de salubridad necesarias, y de las pesquizas de la oficina de higiene, la cantidad de alimentos de mala calidad que se expenden en esta ciudad es tal, que bastan para producir los malos efectos que diariamente presenciamos.

A Vd., ciudadano gobernador, hago presente la urgentísima necesidad de dotar la oficina de higiene con los servicios de un laboratorio de química para verificar el análisis de todas aquellas substancias que á juicio del director de la oficina no llenen las condiciones requeridas. Esto tiene una ventaja inmediata, cual es poder conocer el producto á ciencia cierta y castigar al comerciante infiel que á trueque de unas cuantas monedas, no duda en intóxicar toda una población, y otra ventaja remota; el escarmiento de los demás industriales, quienes al ver inhabilitado un colega para el ejercicio de su industria, mucho lo pensarán antes de dar al público un producto alterado ó adulterado.

Caracas agradecida batirá á Vd. palmas.

Mucho podría extenderme sobre materia tan interesante y tan llena de enseñanzas, pero por una parte lo ya dicho en años anteriores en informes y en la prensa diaria, y por otra, la grande extensión que necesariamente debe alcanzar el presente trabajo, me impiden seguir adelante.

El cuadro (4) nos pone de bulto un trascendental problema social, cual es la edad de los fallecidos. De 0 á 10 años murieron en Caracas 729 inviduos, algo menos de la tercera parte del total 2,516.

Muchos son los llamados á vivir y pocos los escogidos para seguir viviendo. Hechos de esta naturaleza desgraciadamente no son patrimonio nuestro exclusivo; otro tanto acontece en toda Europa, en América, en fin en todo el mundo, pero en otras naciones no se conforman con señalar el mal, lo remedian, formando ligas protectoras de la infancia sociedades de "La Gota de Leche," ligas contra el tétano infantil, etc.

Aquí la alimentación defectuosa, el tétano infantil y pocas veces las enfermedades epidémicas diezman la población tierna. Me permito indicar á Vd. el establecimiento de los paquetes higiénicos contra el tétano infantil como una de las obras más fáciles de ejecutar, tanto por lo exiguo de su costo como por la manera de hacerlos llegar á su destino. Sírvase dictar sus órdenes pues yo poseo todos los datos para llevar á buen término el asunto.

De 20 á 50 años, es decir, en la edad del vigor sexual, en la época de la procreación en ambos sexos, desaparecieron 1,259 personas, víctimas en su mayor parte de la tuberculosis, pues bien sabido es que esta es la edad escogida por ella para sus mayores destrozos. Véase por esta cuan importante es establecer cuanto antes la lucha contra aquella enfermedad.

De 50 á 100 años murieron 528, cifra muy poco halagadora en cuanto á duración de la vida se refiere, entre nosotros.

CUADO NÚMERO 4.—*Edades.*

0 á 1 año	413	51 á 60 años	185
1 á 10 años	316	61 á 70 años	169
11 á 20 años	241	71 á 80 años	102
21 á 30 años	447	81 y más años	72
31 á 40 años	349		
41 á 50 años	222	Total	2,516

Respecto al estado civil y á la nacionalidad, poco notables son las cantidades que acusa la estadística de 1904. Al efecto consúltese el cuadro:

Solteros	1,940
Casados	386
Viudos	190
Total	2,516

La nacionalidad sólo nos hace presente el escaso número de extranjeros que nos acompañan:

Venezolanos	2,346	Otras naciones	20
Españoles	107	Desconocidos	4
Italianos	20		
Franceses	10	Total	2,516
Alemanes	9		

NATALIDAD.

Asunto de primera magnidad en los destinos de un país! Grave problema para una nación, sóbre todo para la que como Venezuela ha sufrido sangrías tan considerables desde épocas remotas!

Cifras casi idénticas regístranse en el capítulo de la natalidad de Caracas en los a os de 1903 y 1904, 2,382 y 2,387, cuyas cifras representan coeficientes de 28 muy halagadores por cierto.

Ahora bien, si nuestra mortalidad no fuera tan elevada, la población aumentaría rápidamente, pero es lo contrario, de tal modo, que el déficit es casi de ley. En 1903 fué de 817 y en 1904 también lo hubo pero mucho más bajo, apenas alcanzando á 129. Diferencia favorable á este año 688.

Penoso en extremo sería repetir los argumentos que pueden considerarse como la expresión de la verdad para explicar el déficit de población, no como ya queda dicho, por la escaséz de nacimientos, sino por el exceso de muertes.

Siempre he atribuido al gran número de hijos ilegítimos el crecido coeficiente de mortalidad infantil y con sobra de razón lo repito hoy.

Me permito hacer ver á usted, ciudadano Gobernador, el cuadro demostrativo de los nacimientos en las ocho parroquias que componen nuestra capital y finalmente el resumen de legítimos é ilegítimos en los años de 1903 y 1904.

El número de varones y de hembras fué sensiblemente el mismo, 1,207 y 1,183, factor éste de bastante importancia desde el punto de vista social, si reflexionamos que al fin del año mueren muchos más varones que hembras y que por tanto es preciso que nazcan más de aquéllos que de éstas para restablecer el equilibrio que influye de manera tan directa en la constitución de las fuerzas vivas de un país para su defensa y su vitalidad.

CUADRO NÚMERO 5.—*Natalidad de Caracas en* 1904 *por parroquias y por meses.*

Urbanas.	Enero.	Febrero.	Marzo.	Abril.	Mayo.	Junio.	Julio.	Agosto.	Setiembre.	Octubre.	Noviembre.	Diciembre.	Totales.
Catedral	29	28	26	43	39	41	37	21	27	35	28	43	397
Altagracia	27	24	34	26	30	25	25	21	41	36	30	33	352
La Pastora	21	16	19	30	16	29	18	22	19	20	23	35	268
San Juan	27	21	23	29	36	23	39	33	21	43	34	34	368
Candelaria	23	17	39	35	32	28	11	31	33	10	20	25	304
Santa Teresa	19	14	13	24	12	23	10	30	13	19	16	26	219
Santa Rosalía	16	15	14	17	11	19	21	15	14	23	15	28	208
San José	15	11	21	27	26	26	18	28	22	20	18	39	271
Totales	177	146	189	231	202	214	179	206	190	206	184	263	2,387

Varones legítimos	626	Varones ilegítimos	581
Hembras legítimas	603	Hembras ilegítimas	577
Total	1,229	Total	1,158

NUPCIALIDAD.

Efectuáronse en la ciudad de Caracas, en el año de 1904, 405 matrimonios. Calculando esta cifra como exacta, puesto que emana del Registro Civil y atribuyendose á la capital una población de 85,000 habitantes, nos resultará un coeficiente de nupcialidad que alcanza á 4.70 por mil habitantes, bastante lisongero en sí y mucho más comparativamente al de 1903, que fué de 3.60.

Mejorada en algo la situación financiera de nuestra patria en el año que acaba de transcurrir, gran número de individuos aptos para contraer el hasta ayer indisoluble lazo, ha encontrado medios de satisfacer sus legítimos anhelos y de aquí que de un año á otro el número de matrimonios haya acrecido de 300 á 405. En el año que corre es indudable que veremos este número llegar hasta una cifra igual á las de los buenos tiempos de Caracas, á la sombra de la paz alcanzada en los campos de batalla por la siempre victoriosa espada de nuestro Primer Magistrado y consolidada por las prácticas que se vienen observando luego en el campo sereno del trabajo.

Si el actual Soberano Congreso Nacional sedignara estudiar una ley que facilitara al más humilde ciudadano contraer matrimonio sin la serie de trabas y requisitos que los aleja de la saludable práctica y que los obliga hasta cierto punto á vivir al natural, haría una de las más provechosas obras que repercutiría en pocos años sobre el aumento de la población.

El cuadro número 6 nos indica el número de matrimonios por parroquias y por meses, ocurridos en Caracas; y el número 7 el estado anterior de los contrayentes, su grado de instrucción y su nacionalidad.

De las parroquias que componen Caracas sobresale La Pastora por su elevado coeficiente de nupcialidad, dada su población mucho más pequeña que las otras, en que 82 matrimonios se verificaron; viene luego Altagracia con 68 y en escala descendiente llegamos hasta la de San José en la que sólo hubo 28.

Del estado anterior de los contrayentes deducimos que 382 solteros y 23 viudos contrajeron matrimonio con 390 solteras y 15 viudas con 20 hijos en su totalidad.

De la nacionalidad tenemos que los españoles son los que más forman alianza con nuestras mujeres, pues 44 contrajeron matrimonio, luego vienen los italianos, franceses, ingleses y otras naciones.

CUADRO NÚMERO 6.—*Matrimonios verificados en Caracas en 1904.*

Urbanas.	Enero.	Febrero.	Marzo.	Abril.	Mayo.	Junio.	Julio.	Agosto.	Setiembre.	Octubre.	Noviembre.	Diciembre.	Totales.
Catedral	4	3	5	3	5	1	2	3	3	5	2	6	42
Altagracia	5	9	8	5	4	1	4	5	6	5	6	10	68
La Pastora	3	3	.....	6	1	7	9	4	6	13	15	15	82
San Juan	5	6	4	6	1	3	5	8	5	6	4	8	61
Candelaria	3	4	1	3	9	4	1	7	4	2	3	11	52
Santa Rosalía	5	1	6	4	5	3	3	1	1	3	4	3	39
Santa Teresa	4	5	1	4	2	4	2	2	.....	6	1	2	33
San José	5	1	3	.....	2	1	5	2	.....	.....	4	5	28
Totales	34	32	28	31	29	24	31	32	25	40	39	60	405

CUADRO NÚMERO 7.—*Datos relativos á los contrayentes.*

El contrayente:	
Número de matrimonios	405
Solteros	382
Viudos	23
Sabían leer y escribir	382
Tenían parentesco	4
Tenían hijos	91
Nacionalidad:	
Venezolanos	342
Españoles	44
Italianos	8
Ingleses	2
Franceses	2
Otros	7
La contrayente:	
Solteras	390
Viudas	15
Sabían leer y escribir	377
Tenían parentesco	4
Tenían hijos	90
Nacionalidad:	
Venezolanas	378
Españolas	16
Italianas	3
Francesas	1
Otras naciones	7

NACIDOS MUERTOS.

Se designa con el nombre de morti-natalidad, la relación existente entre el total de los nacidos muertos y el de nacimientos y defunciones ocurridos en un plazo determinado.

En Caracas este número fué de 109 en 1904 contra 142 en 1903, clasificados aquellos en 64 varones y 45 hembras, hecho casi constante en todo el mundo y que viene en esta ocasión á corroborar lo dicho por Bertillon quien autoridad en la materia asegura que la morti-natalidad masculina es siempre superior á la femenina.

Es este un asunto que merece mucha atención pero los datos que hasta la fecha poseo, me impiden conocer la legitimidad ó ilegitimidad, la nacionalidad de los padres y muchas veces hasta el sexo; en el registro civil no está muy en claro.

Me propongo, contando de antemano con su reconocida benevolencia, ocuparme de hacer que estos datos lleguen á esta Oficina con más detalles y más precisos.

Terminada esta larga reseña de Caracas, corresponde su turno á las parroquias foráneas, algunas de ellas suburbios de la capital y lugares de recreo para sus moradores.

Nada notable nos muestran sus cuadros parciales como no sea la manera saludable como en ellas se vive y la casi ausencia de enfermedades contagiosas y epidémicas.

En todas aumentó su población y se verificaron 75 matrimonios.

DEPARTAMENTO VARGAS.

Con el objeto de que cada una de las porciones de territorio denominados Departamentos figuren en el presente informe con su fisionomía propia, he creido conveniente hacer un estudio suficientemente detallado de todas sus poblaciones. Al efecto en seguida se verá una demonstración del movimiento de población y las causas de mortalidad de La Guaira, Maiquetia, Macuto, Caraballeda, Naiguatá, Carayaca y Caruao.

Del estudio de estos cuadros deducimos que: en La Guaira predominaron en el año de 1904 la tuberculosis 47 defunciones, el paludismo 16 y las afecciones del aparato gastro-intestinal 45.

En Maiquet a la tuberculosis en mayor escala, 53 y las enfermedades del tubo digestivo en proporción aun mayor que en La Guaira, 62, para una mortalidad menor.

En Macuto, las enfermedades de los niños, tétanos infantil, eclampsia, parásitos intestinales y uno que otro caso de fiebre paludosa y tifoidea indudablemente importada esta última.

En Caraballeda la disentería causó daños. En 36 defunciones, 11 lo fueron por esta causa; la tuberculosis y el paludismo junto con el tétanos produjeron el resto.

Naiguatá nada notable nos acusa como no sea varios casos de muerte por envenenamiento ofidiano.

Carayaca, población de 5,000 habitantes, incorporado al Departamento Vargas á mediados del año, su estadística es de sólo un semestre. Sus defunciones fueron 61. Por paludismo 11 y 9 por tétanos infantil.

Finalmente *Caruao* con 30 defunciones: 13 por tos ferina, cifra suficientemente alarmante para pensar en un correctivo si se repitiere.

En resumen: el movimiento sanitario-demográfico del Departamento Vargas en 1904 fué el siguiente:

ESTADÍSTICA DE MORTALIDAD.

Defunciones por causas, edades, sexos y nacionalidades ocurridas en el Departamento Vargas el año de 1904.

[Población del Departamento Vargas, 32,000.]

Enfermedades epidémicas:	
Fiebre tifoidea	13
Erisipela	1
Difteria	1
Tos ferina	16
Grippe	2
Escarlatina	1
Otras enfermedades epidémicas	2
Total	36
Enfermedades generales:	
Tuberculosis pulmonar	122
Mal de Pott	3
Sífilis	5
Alcoholismo	2
Cáncer y otros tumores	10
Fiebres palúdicas	42
Reumatismo	1
Intoxicaciones profesionales	2
Total	187
Enfermedades del sistema nervioso y de los órganos de los sentidos:	
Meningitis simple	13
Congestión cerebral	11
Hemorragia cerebral	5
Epilepsia	1
Parálisis general	5
Enfermedades del sistema nervioso y de los órganos de los sentidos—Con.	
Eclampsia no puerperal	16
Tétanos infantil	40
Otras enfermedades de la médula	3
Tétanos	8
Total	102
Aparato circulatorio:	
Enfermedades orgánicas del corazón	31
Afecciones valvulares	20
Afecciones arteriales	2
Aneurismas	18
Total	71
Aparato respiratorio:	
Bronquitis crónica	5
Neumonía	33
Pleuresía	2
Hemorragia	2
Asma	1
Total	43
Aparato digestivo:	
Enteritis	69
Parásitos intestinales	11
Disentería	60

Defunciones por causas, edades, sexos y nacionalidades ocurridas en el Departamento Vargas el año de 1904—Continúa.

Aparato digestivo—Continúa.	
Cirrosis	8
Ictericia grave	1
Abcesos hepáticos	4
Peritonitis simple	1
Apendicitis	1
Cólera infantil	2
Total	157
Aparato génito-urinario:	
Nefritis aguda	4
Mal de Bright	3
Enfermedades de la vegiga	2
Total	9
Afecciones puerperales:	
Septicemia puerperal	4
Piel y tejido celular:	
Gangrena	5
Edades extremas:	
Debilidad congénita	6
Debilidad senil	3
Total	9
Muertes violentas:	
Por armas de fuego	1
Quemaduras	2
Suicidios	3
Otras muertes violentas	5
Muertes súbitas	4
Total	15
Enfermedades mal definidas	50
Causas desconocidas	2
Total	52

RESUMEN GENERAL.

Sistema nervioso	102
Sistema circulatorio	71
Sistema respiratorio	43
Sistema digestivo	157
Sistema génito-urinario	9
Enfermedades epidémicas	36
Enfermedades generales	187
Afecciones puerperales	5
Debilidad congénita	6
Debilidad senil	3
Muertes violentas	15
Piel y tejido celular	5
Enfermedades mal definidas	50
Causas desconocidas	2
Total	691

Edades.

De o á 4 año	144
De 1 á 4 años	88
De 5 á 19 años	75
De 20 á 39 años	131
De 40 á 59 años	136
De 60 en adelante	117
Total	691

Nacionalidad.

Venezolanos	622
Españoles	52
Italianos	3
Franceses	3
Alemanes	2
Otras naciones	9
Total	691

Estado civil de los fallecidos.

Solteros	532
Casados	99
Viudos	60
Total	691

Nacimientos.

Varones legítimos	213	Varones ilegítimos	236
Hembras legítimas	210	Hembras ilegítimas	190
Total			849
Defunciones			691
Matrimonios			81

El Departamento Guaicaipuro, compuesto de Los Teques, Miquilén, Carrizal, San Pedro, San Antonio, San Diego, Tácata y Paracotos, constituyen lo que entre nosotros se llama

"Los Altos" y dotados de hermoso clima y ricas haciendas hacen una magnífica porción de la patria.

Los Teques, ameno sitio de recreo por su admirable topografía y saludable clima con una población de 4,000 habitantes, acusó en el segundo semestre de 1904 (en mayo fué anexada al Distrito Federal) una mortalidad de 63 le que multiplicada por 2 para tener la del año nos da un coeficiente por mil de 15.74 igual ó mejor que el de muchas poblaciones europeas.

La disentería y la anemia, enfermedades endémicas y muy mortíferas en aquella región de Venezuela, como se verá en el curso de este informe, produjeron el mayor número de bajas, correspondiendo un sitio importante á las enfermedades del aparato respiratorio; tuberculosis pulmonar, bronquitis, etc.

Miquilén, extenso barrio del pueblo de Los Teques, también con 4,000 habitantes—60 defunciones. Hubo 10 por tuberculosis; la sexta parte. Esto se explica por ser aquel pueblo el escogido por los enfermos de esta clase de dolencias para restablecer su salud y allí mueren. Se registra un gran número de enfermedades mal definidas (hidropesía en su mayor parte) y muchas por causas desconocidas. Á unas y otras atribuyo como causa la anemia, que como ya queda dicho es endémica allí. Esta suposición está lejos de ser caprichosa, está basada en un informe que poseo firmado por mi estimable colega Dr. Perdomo Hurtado quien ejerce con tino en aquella localidad su profesión.

En Carrizal, San Pedro, San Antonio y San Diego, la tuberculosis y la anemia causaron estragos y en Tácata y Paracotos la disentería, el paludismo y la anemia por ankilostomasia.

ESTADÍSTICA DE MORTALIDAD.

Defunciones por causas, edades, sexos, y nacionalidades ocurridas en el Departamento Guaicaipuro en el segundo semestre de 1904.

Población del Departamento Guaicaipuro, 8,000.]

Enfermedades epidémicas:	
Fiebre tifoidea	1
Difteria	1
Tos ferina	3
Total	5
Enfermedades generales:	
Tuberculosis pulmonar	31
Sífilis	1
Cáncer y otros tumores	5
Anemia y clorosis	31
Fiebres palúdicas	19
Reumatismo	1
Total	98
Enfermedades del sistema nervioso y de los órganos de los sentidos:	
Congestión cerebral	5
Hemorragia cerebral	1
Epilepsia	1
Parálisis general	2
Eclampsia no puerperal	16
Tétanos infantil	18
Tétanos	3
Total	46
Aparato circulatorio:	
Pericarditis	3
Enfermedades orgánicas del corazón	3
Afecciones valvulares	1
Afecciones arteriales	4
Aneurismas	3
Total	14
Aparato respiratorio:	
Pneumonía	7
Aparato respiratorio—Continúa.	
Pleuresía	2
Congestión pulmonar	1
Bronco pneumonía	5
Total	15
Aparato digestivo:	
Enteritis	10
Hernias y obstrucciones intestinales	1
Parásitos intestinales	18
Disentería	26
Cirrosis	6
Abcesos hepáticos	2
Peritonitis simple	3
Total	66
Aparto genito-urinario:	
Nefritis aguda	2
Afecciones puerperales:	
Otros accidentes	1
Piel y tegido celular:	
Gangrena	1
Edades extremas:	
Debilidad congénita	18
Debilidad senil	4
Total	22
Muertes violentas:	
Por armas de fuego	1
Quemaduras	2
Suicidios	1
Envenenamientos	3
Otras muertes violentas	3
Total	10

Defunciones por causas, edades, sexos, y nacionalidades ocurridas en el Departamento Guaicaipuro en el segundo semestre de 1904—Continúa.

RESUMEN GENERAL.

Sistema nervioso	46	Debilidad congénita	18
Sistema circulatorio	14	Debilidad senil	4
Sistema respiratorio	15	Muertes violentas	10
Sistema digestivo	66	Piel y tegido celular	1
Sistema génito urinario	2	Enfermedades mal definidas	45
Enfermedades epidémicas	5	Causas desconocidas	16
Enfermedades generales	98		
Afecciones puerperales	1	Total	341

Estado civil.

Solteros	283
Casados	31
Viudos	27
Total	341

Edades de los fallecidos.

De 0 á 11 meses	65	De 51 á 60 años	27
De 1 á 10 años	73	De 61 á 70 años	15
De 11 á 20 años	26	De 71 á 80 años	9
De 21 á 30 años	47	De 81 y más	6
De 31 á 40 años	34		
De 41 á 50 años	39	Total	341

Nacionalidad.

Venezolanos	339
Españoles	2
Total	341

Nacimientos.

Varones legítimos	105	Hembras ilegítimas	175
Hembras legítimas	104		
Varones ilegítimos	196	Total	580

Matrimonios 14

DEPARTAMENTO SUCRE.

Incorporado junto con Guaicaipuro en mayo del año próximo pasado á la Sección Occidental del Distrito Federal, el Departamento Sucre comenzó á figurar en la estadística en julio de ese año.

Sus componentes: Petare, Baruta, Hatillo y Chacao, forman un total como de 20,000 almas, repartidas en inumerables aldeas y caseríos.

La tuberculosis, la disentería, tétanos infantil y el paludismo constituyen las notas salientes de las causas de mortalidad de este Departamento.

La anemia lo mismo que en Guaicaipuro no es extraña allí por lo que seía juicioso y altamente benéfico, extender hasta allí la gira científica que suplico para aquel Departamento.

Aún á riesgo, Ciudadano Gobernador, de hacer este informe más extenso de lo permitido, voy á tomarme la libertad de manifestar á usted el imperioso anhelo que siento en que usted se apersone del importantísimo asunto de la anemia por ankilostomasia, terrible enfermedad que ataca á la parte más útil, más sana y más laboriosa de los pobladores de los terrenos agrícolas denominados "Los Altos." Creo que si su ilustrado gobierno nombra una comisión compuesta del bachiller Rangel tan inteligente cuanto modesto, del Dr. Perdomo Hurtado, médico en ejercicio en Los Teques y por tanto conoceder del país y de la enfermedad, y del suscrito que no aportaría más capital científico que su amor á la medicina y muy especial á la higiene, comisión que estudiaría la enfermedad, sus causas y su manera de evitarla, jamás se había invertido mejor el poco dinero que aquello costara, dado el numeroso beneficio que reportaría en no lejano porvenir.

El cuadro (10) dará una idea más clara de cuanto dejo dicho y hará comprender el movimiento de población con todos sus detalles en el año de 1904.

ESTADISTICA DE MORTALIDAD.

Defunciones por causas, edades, sexos y nacionalidades ocurridas en el Departamento Sucre durante el año de 1904.

[Población del Departimento Sucre, 20,000.]

Enfermedades epidémicas:	
Difteria	4
Tos ferina	6
Grippe	1
Total	11
Enfermedades generales:	
Tuberculosis pulmonar	29
Sífilis	2
Cáncer y otros tumores	2
Anemia y Clorosis	15
Fiebres palúdicas	14
Total	62
Enfermedades del sistema nervioso y de los órganos de los sentidos:	
Meningitis simple	7
Hemorragia cerebral	3
Parálisis general	1
Eclampsia no puerperal	14
Tétanos infantil	20
Tétanos	1
Total	46
Aparato circulatorio:	
Endocarditis	5
Enfermedades orgánicas del corazón	9
Afecciones arteriales	3
Aneurismas	5
Embolias	2
Total	24
Aparato respiratorio:	
Bronquitis aguda	5
Pneumonía	5
Total	10
Aparato digestivo:	
Enteritis	22
Disentería	19
Cirrosis	6
Peritonitis simple	1
Apendicitis	3
Cólera infantil	2
Total	53
Aparato génito-urinario:	
Nefritis aguda	2
Mal de Bright	3
Enfermedades de la vegiga	1
Total	6
Afecciones puerperales:	
Eclampsia	4
Otros accidentes	6
Total	10
Piel y tegido celular:	
Gangrena	1
Edades extremas:	
Debilidad congénita	6
Muertes violentas:	
Por armas de fuego	3
Enfermedades mal definidas	18

RESUMEN GENERAL.

Sistema nervioso	46	Afecciones puerperales	11
Sistema circulatorio	24	Debilidad congénita	6
Sistema respiratorio	10	Muertes violentas	3
Sistema digestivo	53	Piel y tegido celular	1
Sistema génito-urinario	6	Enfermedades mal definidas	17
Enfermedades epidémicas	11		
Enfermedades generales	62	Total	250

Edades.

De 0 á 11 meses	69	De 51 á 60 años	14
De 1 á 10 años	32	De 61 á 70 años	13
De 11 á 20 años	30	De 71 á 80 años	2
De 21 á 30 años	40	De 81 y más	10
De 31 á 40 años	27		
De 41 á 50 años	13	Total	250

Nacionalidad.

Venezolanos	246
Españoles	4
Total	250

Estado civil de los fallecidos.

Solteros	206
Casados	28
Viudos	16
Total	250
Matrimonios	50

Nacimientos.

Varones legítimos	60	Hembras ilegítimas	94
Hembras legítimas	67		
Varones ilegítimos	99	Total	320

Ciudadano Gobernador: Por todo lo expuesto en minucioso detalle, en lo que si algo falta cúlpese, no mi negligencia, sino á mi escaséz intelectual, se encuentra cuanto en materia sanitaria y demográfica ha ocurrido en el vasto territorio encomendado por el ciudadano Presidente Provisional de la República á su patriotismo y decisión partidaria. Las necesidades son múltiples, las conosco, el tiempo que el país disfruta de paz es corto, el buen deseo de remediarlas basta para que se realicen. Concédanos Dios tranquilidad, y el milagro de ver primero á Caracas y luego á las otras poblaciones gozando de inmejorables condiciones de salubridad se hará en breve plazo.

Me consideraré feliz si mereciere la aprobación de usted para el presente informe.

A. Herrera Vegas,
Director de Higiene y Estadística.

Anexo B.

MORBILIDAD NACIONAL.

ESTADÍSTICA DE ENFERMEDADES.

Van á continuación los cuadros generales de la Estadística de mortalidad ocurrida en el 2° semestre de 1904, en los Estados de la República y el Distrito Federal, clasificada por enfermedades y causas de muerte.

Adoptada la clasificación de M. Bertillón en la Oficina de Estadística de Venezuela, estos cuadros son el resumen del trabajo de clasificación del semestre.

Sólo dos Estados no enviaron sus datos—Guárico y Táchira, pero seguramente, en el nuevo año contaremos con los datos de estas dos entidades; por la ausencia de dichos dos Estados y por no aparecer clasificadas muchas enfermedades, no resulta el cómputo general de mortalidad aquí igual á la mortalidad que arroja el estudio demográfico.

El total de muertes clasificadas llega á 23, 603, de las cuales las que más muertes causaron fueron las cuatro siguientes, que dieron ellas solas 39 por ciento del total general:

Paludismo (todas sus manifestaciones)	4, 132
Tuberculosis	2, 116
Disentería	1, 630
Tétanos	1, 445

Luego siguen en orden de magnitud:

Convulsiones de los niños (eclampsia etc.) 463., neumonía (416), enfermedades orgánicas del corazón (432), anemia, clorosis (416), tos ferina (379), diarrea y enteritis en niños de 2 años y mayores (338), eclampsia no puerperal (318), diarrea y enteritis en niños menores de 2 años (299), parásitos intestinales (293), etc.

Las cuatro enfermedades principales han producido, del total de defunciones, los por cientos siguientes, en números redondos.

	Por ciento.
Paludismo	18
Tuberculosis	8
Disentería	6
Tétanos	6

MORBILIDAD NACIONAL.

ESTADÍSTICA DE DEFUNCIONES.

Cuadro general de las defunciones ocurridas en la República durante el segundo semestre de 1904, clasificadas por enfermedades y causas de muerte.

Nomenclatura de enfermedades ó causas de muerte.	Total general.
I. *Enfermedades generales.*	
1. Fiebre tifoidea. (Tifo abdominal). Paludismo:	564
2. Tifo exantemático	79
3. Fiebre recurrente	644
4. Fiebre intermitente y caquexia palustra	2,762
4. (bis) Caquexia palustre	83
5. Viruela	125
6. Sarampión	73
7. Escarlatina	20
8. Tos ferina	379
9. Difteria y crup	108
10. Difteria	22
11 Gripa	77
12.	
13. Cólera nostras	14
14. Disentería	1,631
14. (bis) Disentería epidémica	116
15. Verminosis	16
16. Fiebre amarilla	48
17. Lepra	31
18. Erisipela	66
19. Otras afecciones epidémicas	30
20. Infección purulenta septicemia	8
21. Muermo y Farcin ó Lamparón	43
22. Pustula maligna y carbón	4
23. Rabia	4
24. Actimomicosis, trequinosis, etc.	
25. Pelagra	
26. Tuberculosis de la laringe	86
27. Tuberculosis de los pulmones	1,746
28. Tuberculosis de las meninges	41
29. Tuberculosis abdominal	92
30. Mal de Pott	11
31. Abceso frío ó por congestión	20
32. Tumores blancos	14
33. Tuberculosis de otros órganos	102
34. Tuberculosis generalizada	69
35. Escrófula	57
36. Sífilis	163
37. Blenorragia del adulto	6
38. Afecciones gonocócicas del niño	6
Cáncer y otros tumores malignos.	
39. de la cavidad bucal	11
40. del estómago, del hígado	72
41. del peritoneo, de los intestinos y del recto	21
42. de los órganos genitales de la mujer	26
43. del seno	10
44. de la piel	7
45. de otros órganos y de órganos no especificados	58
46. Otros tumores (exceptuando los tumores de los órganos genitales de la mujer)	4
47. Reumatismo articular agudo	102
48. Reumatismo crónico y gota	
49. Escorbuto	40
50. Diábetes	46
51. Bócio exoftálmico	10
52. Enfermedad bronceada de Addison	1
53. Leucemia	2
54. Anemia, clorosis	416
55. Otras enfermedades generales	
56. Alcoholismo agudo ó crónico	68
57. Saturnismo	86
58. Otras intoxicaciones profesionales crónicas	2
59. Otros envenenamientos crónicos	2
II. *Enfermedades del sistema nervioso y de los órganos de los sentidos.*	
60. Enfeefalitis	22
61. Meningitis	148
61. (bis) Meningitis cerebro-espinal epidémica	44

Nomenclatura de enfermedades ó causas de muerte.	Total general.
II. *Enfermedades del sistema nervioso y de los órganos de los sentidos*—Con.	
62. Ataxia locomotriz progresiva	6
63. Otras enfermedades de la médula espinal	9
64. Congestión y hemorragias cerebrales	259
65. Reblandecimiento cerebral	21
66. Parálisis sin causa indicada	72
67. Parálisis general	124
68. Otras formas de enagenación mental	11
69. Epilepsia	66
70. Eclampsia (no puerperal)	318
71. Convulsiones de los niños (eclampsia)	463
72. Tétanos	1,445
73. Corea	
74. Otras enfermedades del sistema nervioso	68
75. Enfermedades de los ojos y sus anexos	33
76. Enfermedades de los oídos	1
III. *Enfermedades del aparato circulatorio.*	
77. Pericarditis	43
78. Endocarditis aguda	21
79. Enfermedades orgánicas del corazón	432
80. Angina de pecho	157
81. Afecciones de las arterias, ateroma	82
81a. Aneurisma, etc.	141
82. Embolia y trombosis	7
83. Afecciones de las venas (varices, hemorroides, flebitis, etc.)	7
84. Afecciones del sistema linfático [linfangitis, etc.)	17
85. Hemorragias	102
85a. Afecciones valvulares	92
86. Otras afecciones del aparato circulatorio	28
IV. *Enfermedades del aparats respiratorio.*	
87. Enfermedades de las fosas nasales	11
88. Afecciones de la laringe	22
89. Afecciones del cuerpo tiroide	2
90. Bronquitis aguda	219
91. Bronquitis crónica	97
92. Bronco-neumonía	71
93. Neumonía	436
94. Pleuresía	185
95. Congestión y apoplegía pulmonar	157
96. Gangrena del pulmón	97
97. Asma	66
98. Enfisema pulmonar	81
99. Otras enfermedades del aparato respiratorio (excepto la tisis)	49
V. *Enfermedades del aparato digestivo.*	
100. Afecciones de la boca y sus anexos	8
101. Afecciones de la laringe	3
102. Afecciones del esófago	18
103. Ulcera del estómago	36
104. Otras afecciones del estómago (excepto cáncer)	45
105. Diarrea y enteritis (en menores de dos años)	299
105 bis. Enteritis crónica	200
106. Diarrea y enteritis (en niños de 2 años y mayores)	338
107. Parásitos intestinales	293
108. Hernias, obstrucciones intestinales	40

Nomenclatura de enfermedades ó causas de muerte.	Total general.
V. *Enfermedades del aparato digestivo*—Continúa.	
109. Otras afecciones del intestino	67
110. Ictericia grave	24
111. Tumores hidáticos del hígado	36
112. Cirrosis del hígado	94
113. Cálculos biliares	33
113a. Abscesos hepáticos	89
114. Otras afecciones del hígado	114
115. Afecciones del bazo	56
116. Peritonitis simple (excepto la puerperal)	54
117. Otras afecciones del aparato digestivo (excepto cáncer y tuberculosis)	39
118. Apendicitis y flegmón de la fosa ilíaca	10
118a. Cólera infantil	37
VI. *Enfermedades del aparato genito-urinario y sus anexos.*	
119. Nefritis aguda	47
120. Mal de Bright	17
121. Otras enfermedades de los riñones y sus anexos	
122. Cálculo de las vías urinarias	38
123. Enfermedades de la vejiga	16
124. Otras enfermedades de la uretra, abscesos urinosos	33
125. Enfermedades de la próstata	27
126. Enfermedades no venéreas de los órganos genitales del hombre	6
127. Metritis	26
128. Hemorragias del utero, no puerperales	1
129. Tumores del útero, no cancerosos	11
130. Otras enfermedades del utero	13
131. Quistes y otros tumores del ovario	15
132. Otras enfermedades de los órganos genitales de la mujer	10
133. Enfermedades no puerperales del seno ó mama (excepto cáncer)	10
VII. *Estado puerperal.*	
134. Accidentes del embarazo	
135. Hemorragia puerperal	51
136. Otros accidentes del parto	58
137. Septicemia puerperal	84
138. Albuminuria y eclampsia puerperal	25
139. Phlegmasia alba dolens puerperal	20
140. Otros accidentes puerperales	35
Muerte súbita.	
141. Enfermedades puerperales del seno ó glándula mamaria	
VIII. *Enfermedades de la piel y del tegido celular.*	
142. Gangrena	49
143. Antrax ó divieso	1
144. Flegmón, absceso caliente	1
145. Otras enfermedades de la piel y sus anexos	16
IX. *Enfermedades de los órganos de la locomoción.*	
146. Abscesos de los huesos (excepto tuberculosis)	14
147. Enfermedades de las articulaciones (excepto tuberculosis y reumatismo)	7
148. Amputación	4
149. Otras enfermedades de los órganos de la locomoción	22
X. *Vicios de conformación.*	
150. Vicios de conformación congénitos (no comprender los nacidos muertos)	2
XI. *Primera infancia.*	
151. Debilidad congénita, ictericia y escleroma	113
152. Otras enfermedades especiales á la primera infancia	222
153. Falta de cuidado	63
XII. *Vejez.*	
154. Debilidad senil	101
XIII. *Afecciones producidas por causas exteriores.*	
A. *Suicidio.*	
155. Suicidio por el veneno	4
156. Suicidio por asfixia	1
157. Suicidio por suspensión ó extrangulación	2
158. Suicidio por submersión	2
159. Suicidio por armas de fuego	15
160. Suicidio por armas cortantes	9
161. Suicidio por precipitación de un lugar elevado	3
162. Suicidio por machacamiento	
163. Suicidio por otros medios	5
B. *Homicidio.*	
163a. Homicidio por arma blanca	22
163b. Homicidio por arma de fuego	37
163c. Homicidio por fractura	4
163d. Homicidio por envenenamiento	5
163e. Homicidio por asfixia	1
163f. Homicidio por submersión	2
163g. Homicidio por precipitación de un lugar elevado	1
C. *Otras causas exteriores.*	
164. Fracturas	14
165. Lujaciones	1
166. Otros traumatismos accidentales	46
167. Quemaduras por el fuego	27
168. Quemaduras por sustancias corrosivas	1
169. Insolación	8
170.	
171. Comoción eléctrica	9
172. Submersión accidental	22
173. Inanición	13
174. Absorción de gases deletéreos	4
175. Otros envenenamientos agudos	27
176. Otras violencias exteriores	32
176a. Mordeduras de animales ponzoñosos	43
XIV. *Enfermedades mal definidas.*	
177. Hidropesía	1,285
178. Muerte súbita ó repentina	131
179. Causas de muerte no especificadas ó mal definidas	2,676
Total	23,603

Total de las defunciones ocurridas en el segundo semestre de 1904, clasificadas por enfermedades y causas de muerte:

	Por ciento.
Tétanos	6
Disentería	6
Tuberculosis en general	8
Paludismo (diversas manifestaciones)	18
Varias enfermedades y causas de muerte	62

OBSERVACIONES SOBRE LA DISTRIBUCIÓN DEL MOSQUITO DE LA FIEBRE AMARILLA Y OTROS PUNTOS RELACIONADOS CON ESTE INSECTO, POR EL DR. L. O. HOWARD, JEFE DE LA OFICINA DE ENTOMOLOGIA DEL DEPARTAMENTO DE AGRICULTURA DE LOS ESTADOS UNIDOS, Y ENTOMÓLOGO CONSULTOR DEL SERVICIO DE SANIDAD PÚBLICA Y HOSPITALES MARÍTIMOS.

El Doctor Howard expresó el placer que sentía por el alto honor que se le confirió al concedersele las prerrogativas de la Convención y al ser invitado para que hablara sobre su reciente trabajo relativo al *Stegomyia fasciata*. Manifestó que había leído en los periódicos que el Presidente, Cirujano General Wyman, había repartido entre los miembros del Congreso la última revisión del folleto titulado "Distribución Geográfica del Mosquito de la Fiebre Amarilla," publicado originalmente en noviembre de 1903 y revisado en septiembre de 1905.

El orador dijo que los delegados de las Repúblicas de Centro y Sur América le harían un grau favor leyendo con algún cuidado las generalizaciones hechas en las páginas 7 y 8 del documento en cuestión, y que esperaba que aplicarían la ley de temperatura, formulada en dichas páginas, á las regiones de sus respectivos países en donde existe el *Stegomyia* ó en las que se tema su introducción.

Toda prueba que confirme la exactitud de dicha ley, especialmente las que provengan del hemisferio sur, será de mucha importancia. También rogó á los delegados de las Repúblicas Latino-Americanas que enviaran al Museo Nacional de los Estados Unidos ejemplares de los mosquitos de sus respectivos países. Las personas que se dedican en esos países al estudio de los mosquitos recibirán, si así lo desean, la cooperación del personal de auxiliares del Doctor Howard, y éste tendría sumo placer en cambiar ejemplares clasificados por los no clasificados.

Antes de que los Doctores Reed, Carroll y Lazear fueran á Cuba la primera vez, estuvieron en el Departamento de Agricultura para hacer estudios preliminares sobre los mosquitos en las colecciones que están á cargo del orador. Estudiaron con especial cuidado las peculiaridades anatómicas de los mosquitos, las cuales son de importancia para determinar las especies, por lo que fueron á Cuba conociendo perfectamente el asunto que les llevaba, y una vez allí hicieron los experimentos que tan notable resultado han dado.

El Doctor Howard vió desde un principio, en cuanto se comprobó la relación que tiene el *Stegomyia* con la fiebre amarilla, que la distribución geográfica de esta especie es de suma importancia como base para el establecimiento de medidas preventivas eficaces, por lo que inmediatamente comenzó á estudiar este importante asunto con los medios limitados que tenía á mano.

Los resultados preliminares fueron publicados en la primera edición del documento que nos ocupa, que vió la luz en noviembre de 1903. Sin embargo, en 1904, después de haber hecho sus generalizaciones y de haberse convencido de que el *Stegomyia fasciata*, para todos los fines prácticos, es una especie de los trópicos y de las bajas regiones australes, trató de determinar la línea de la distribución norte de esta especie en los Estados Unidos. En junio envió un auxiliar á Texas que siguió la línea norte imaginaria de distribución hasta Tennessee, en donde fué sustituido por otro auxiliar que continuó la investigación hasta la costa del Atlántico. Los resultados de este trabajo fueron de grande importancia, según se ha indicado en la segunda edición del folleto de referencia. El Cirujano General Wyman ha tenido la amabilidad de decirme que los hechos demostrados en esta investigación han servido de valiosa ayuda al Servicio de Sanidad Pública y Hospitales Marítimos durante la epidemia de fiebre amarilla de este año.

Sucedió que, mientras era necesario publicar este trabajo lo más pronto posible, dos importantes clases de investigaciones se estaban llevando á cabo en Centro América y en las Antillas. Ninguno de los investigadores de estas regiones había vuelto á Wáshington en la fecha en que se escribió el documento y ninguno de ellos había mandado informes completos. Hace pocos días que ambos funcionarios han vuelto á Wáshington y han persentado sus infomes verbales, por lo que el orador puede, afortunadamente, dar en la presente ocasión, muy brevemente, los hechos adicionales que han averiguado estos investigadores.

Mr. Frederick Knab salió de Veracruz en junio, dirigiéndose á Córdoba (México) al sur del Ferrocarril de Tehuantepec y cruzó el Istmo desde Santa Lucrecia hasta Salina Cruz, deteniéndose en Rincón Antonio y en Tehuantepec. Después visitó algunos puntos de Guatemala, Costa Rica y San Salvador. Los puntos en donde encontró el *Stegomyia fasciata* y que no constan en el documento distribuido en esta conferencia son los siguientes:

Rincón Antonio (Oaxaca), México.
Tehuantepec (Oaxaca), México.
Salina Cruz (Oaxaca), México.
Acapulco, México.
Champerico, Guatemala.
San José, Guatemala.
San Salvador, Salvador.
Sonsonate, Salvador.
Corinto, Nicaragua.
Puntarenas, Costa Rica.
Esparta, Costa Rica.
San José, Costa Rica.
Puerto Limón, Costa Rica.

El otro investigador, Mr. A. Busck, salió de Trinidad y se dirigió hacia el norte atravesando las Antillas hasta Santo Domingo y volviendo á Wáshington desde este punto. Los puntos en que Mr. Busck encontró el *Stegomyia fasciata* y que no aparecen en el documento mencionado son los siguientes:

Trinidad: Cedros (al extremo sur de la isla), Pitch Lake, Puerto de España, Monserrat, Arima (en el centro de la isla).
Isla Tobago.
Granada.
San Vincente.
Barbados.
Santa Lúcía.
Martinica, Puerto de Francia, pero nó Monte Pelado.
Dominica.
Guadalupe: Tierra Baja.
Santo Tomás.
Puerto Rico: Ponce y Mayagüez.
Santo Domingo: San Cristóbal (2,000 pies de elevación), Sanchez y Puerto Plata.

Las observaciones de estos funcionarios demostraron algunos hechos interesantes. Por ejemplo, Mr. Knab encontró que en San José, Costa Rica, una ciudad que está á una altura de unos 3,000 pies, el mosquito de la fiebre amarilla no es abundante, y, según se le ha informado hasta ahora no se ha registrado ninguna epidemia de fiebre amarilla en ese sitio; la verdad es que los convalecientes de la costa son traídos á San José en ferrocarril. Al orador le parece que este es un caso comparable con las regiones extralimitales de los Estados Unidos, en las que el mosquito de la fiebre amarilla es introducido durante el verano por los ferrocarriles ó los barcos y en las que se multiplica por una ó más generaciones hasta el fin de la estación. Estas no son regiones en donde existe permanentemente el *Stegomyia*, sino regiones en donde esta especie se encuentra hacia el final del verano algunos años, quizás cada año.

Mr. Busck ha observado que apenas hay mosquitos de la fiebre amarilla en la ciudad de Santo Domingo, y en cambio abundan en San Cristóbal, que es una población que se halla á una altura de 20,000 pies y que está en el interior á 20 millas de distancia de la costa. Este es un hecho curioso que parece inexplicable. Según la distribución geográfica de este mosquito, las ciudades costaneras de otras partes del mundo son las que están más infestadas de este insecto; en ellas son numerosos los mosquitos, y, naturalmente, la enfermedad prevalece en alto grado. Mr. Busck fué informado de que en la ciudad de Santo Domingo nunca ha habido una epidemia de fiebre amarilla. Ni él ni yo hemos consultado los archivos para averiguar la exactitud de esta noticia.

El punto más elevado del Ferrocarril de Tehuantepec es Rincón Antonio. El médico del ferrocarril en este pueblo, Doctor Athey, estaba haciendo una fuerte guerra á los mosquitos, pero no estaba seguro si allí existía el *Stegomyia*. Mr. Knab encontró que esta especie abundaba en las casas de obreros, y descubrió que se estaba haciendo mucho trabajo en balde y gastándose mucho petróleo inútilmente, porque se aplicaba el remedio á los pozos y grandes albercas en donde no se criaban mosquitos de ningún género, en tanto que los pequeños receptáculos y otros criaderos, como las huellas de ganado en terrenos mojados, se pasaban por álto. También encontró Mr. Knab un gran barril de agua en el que había cientos de larvas y que no había sido notado.

Hasta aquí lo referente á la distribución. Estos dos funcionarios hicieron otras muchas observaciones en regiones tropicales, que son más ó menos interesantes. Mr. Knab encontró el *Stegomyia* en un vapor fuera de Kingston, Jamaica. En un viaje anterior, Mr. Busck encontró el *Stegomyia* en un vapor de la Ward Line al llegar á Nueva York procedente de Cuba.

Con respecto á los criaderos, ambos investigadores estaban interesados en el hecho de que el *Stegomyia* crece siempre en agua clara, y rara vez, ó nunca, en agua sucia y siempre en receptáculos artificiales, excepto en un caso que observó Mr. Knab, en el que esta especie se criaba en un canalón de una calle. La cría casi universal en el agua clara que han observado estos dos funcionarios es de interés especial en comparación con el hecho notado por Carroll, Dupree y otros observadores, que el desarrollo de la larva del *Stegomyia* se precipita en el laboratorio poniendo en el agua una pequeña cantidad de excremento humano. La casa del consul americano en San Salvador estaba especialmente infestada de *Stegomyia*. En una iglesia de Granada, Mr. Busck encontró gran canitdad de larvas de *Stegomyia* en el pila del agua bendita, y también en otras iglesias de varios puntos de las Indias Occidentales. Los mosquitos adultos abundaban en estas iglesias. Cuando Mr. Busck me dijo esto, llamé por teléfono al Rev. Dr. Stafford, de esta ciudad, con el fin de averiguar qué se usaba en las pilas de agua bendita, y me contestó que tenían la costumbre de echar sal en las pilas ordinarias. Actualmente se usa la sal en Nueva Orleans como sustancia destructora del mosquito, echándola en los pozos y alcantarillas, por lo que me parece que si los sacerdotes usaran más sal en las pilas de agua bendita, nó un poquito, sino lo bastante para que dé un resultado apreciable, se conseguirían buenos efectos; porque no solamente encontró Mr. Busck larvas del *Stegomyia* en las pilas de agua bendita, sino que también vió mosquitos en las iglesias que picaban á las personas en ellas presentes.

En Trinidad vió que en algunos jardines se usaban botellas para adornarlos. Los cuellos de las botellas estaban enterredos en el suelo y las bases cóncavas de las mismas (vueltas hacia arriba) habían acumulado agua, criándose en ellas el *Stegomyia*. En los bordes de la pared que rodea la carcel había botellas rotas en cuyas concavidades se había acumulado el agua y se criaba el *Stegomyia*.

En Acapulco encontró Mr. Knab mosquitos en abundancia en el patio de un hotel, en el cual había preciosas plantas protejidas contra las hormigas por depósitos de agua alrededor de las bases de sus troncos. En este agua se criaba el *Stegomyia* en abundancia.

Muchas de las observaciones hechas por ambos señores vienen á comprobar el hecho de que el *Stegomyia* ha llegado á ser prácticamente una especie domesticada, ó, de todos modos, una especie doméstica. La costumbre de esconderse que tiene el adulto, su aire general de familiaridad con el hombre, su hábito de acercarse por detrás en vez de hacerlo por delante, su costumbre de esconderse en los pliegues de los vestidos y de subirse por debajo de los vestidos para picar las piernas en vez de hacerlo en las partes del cuerpo que están expuestas, son signos de familiaridad con el género humano desde hace muchísimas generaciones. Mr. Knab indica que el hecho de que esta especie no produzca zumbido alguno es el resultado de la ley de supervivencia de los más aptos. Es interesante notar que Goeldi, del Brasil, ha establecido la teoría de que esta especie pica con más frecuencia durante las horas más calurosas del día porque es atraída por el olor del sudor, y Mr. Knab, por las observaciones que ha hecho durante este verano, se inclina á creer que el *Stegomyia* pica con más frecuencia durante la tarde. Mr. Busck, según las observaciones que ha hecho en las Antillas, se inclina á creer que las picaduras son más frecuentes cuando la tarde está avanzada.

Todavía queda mucho por estudiar sobre este insecto, tanto como lo que ya se ha estudiado en varios países. Los informes contradictorios sobre sus costumbres indican que hay mucha variación en éstas, ó bien que algunos de esos informes son erróneos. Agramonte dice que el *Stegomyia* en Cuba apenas puede ser inducido á que muerda sino tiene cuatro días de edad. Mr. Busck, que representó la Oficina de Entomología del Departamento de Agricultura de los Estados Unidos en la Exposición de San Luis y que ha hecho estudios sobre el crecimiento de mosquitos de esta especie durante los meses del otoño, dice que mosquitos que se han desarrollado durante la mañana pueden picar por la tarde. Dupree dice que en Luisiana este mosquito puede picar sin que se le instigue á las veinticuatro horas.

Otro punto interesante es la opinión del Doctor Souchon, presidente de la Junta de Sanidad del Estado de Luisiana, sobre la improbabilidad de que el *Stegomyia*, que viaja en los buques fruteros que llegan á Nueva Orleans procedentes de la América Central, quede infectado antes del arribo del buque á la estación de cuarentena. Basa esta opinión en la teoría, originada de Cuba probablemente, de que la hembra tiene que estar preñada antes de que pueda picar, y que tienen que transcurrir de cinco á siete días entre la primera y la segunda picadura. Las citadas observaciones de Mr. Busck demuestran que no es necesario que la hembra esté preñada antes de poder picar, y que las hembras criadas artificialmente pueden picar por la segunda vez después que han transcurrido cuarenta y ocho horas desde la primera picadura. El Doctor Dupree, de Baton Rouge, ha observado que las hembras aisladas en estado de crisálida y criadas aparte de los machos "pican en seguida y con frecuencia." Es posible que la confianza en esa opinión aparentemente errónea sea la causa de la presente epidemia de Nueva Orleans?

Otra cuestión que merece más amplio estudio es la de la distancia que el *Stegomyia* infectado puede volar en lo que respecta la distancia en que deben anclar los buques en los puertos infectados. El Dr. A. H. H. Russell, de la Marina de los Estados Unidos, ha hecho algunas interesantes observaciones, aun cuando indeterminadas, sobre este particular, las cuales todavía no se han publicado. Refiriéndose á esta cuestión el Mr. Busck dice que en L'Abrea, Trinidad, hay un embarcadero construido por la compañía del asfalto, al extremo del cual el superintendente construyó su casa con el fin de no ser molestado por los mosquitos. El experimento le dió resultados buenos hasta que otro empleado de la misma compañía edificó, su casa, con el mismo fin, en medio del embarcadero. Esto, al parecer, ocasionó el intermedio exacto para que el *Stegomyia* volara desde la orilla hasta la casa que estaba en el medio y desde ésta hasta la que estaba en el extremo, quedando infestadas ambas. La longitud total del embarcadero era de unos cuatrocientos pies.

Éstos son unos cuantos de los muchos puntos que todavía requieren la atención de los entomólogos y de los médicos.

Por la razón de que ya se han publicado muchas pruebas acerca del hecho de que el *Stegomyia* es un mosquito casero, es casi innecesario añadir que nunca se le encuentra en los campos, pero con todo sería de importancia hacer relucir este punto, porque tanto Mr. Busck como Mr. Knab son entomólogos expertos cuya especialidad es el estudio del mosquito. Cualquiera otro que dijera que el *Stegomyia* no se encuentra en los campos no recibiría tanto crédito como estos dos funcionarios.

OBSERVACIONES DEL DR. H. L. E. JOHNSON, DE WÁSHINGTON, D. C., MIEMBRO DE LA JUNTA DE FIDEICOMISARIOS DE LA ASOCIACIÓN MÉDICA AMERICANA.

Señor Presidente, Señores Delegados, Señores Invitados: El título de este documento es "Influirá en la opinión pública la calificación etiológica de las enfermedades?" En la actualidad el objeto principal de la ciencia y el estudio médico é higiénico es la prevención y la limitación de enfermedades.

Las investigaciones patológicas, biológicas y químicas de laboratorio han hecho valiosos progresos en determinar la causa y el origen de la trasmisión, la confirmación científica, la modificación y la supresión de muchos de las afecciones mórbidas del hombre y de los animales de la clase inferior.

Se ha conseguido hacer mucho bien y se conseguirán más beneficios con los trabajos del porvenir, pero antes de que se consiga una aceptación universal y de que sea posible la aplicación práctica y eficaz de los hechos demostrados en el laboratorio, es conveniente que el vulgo sea instruido y quede convencido.

Generalmente el vulgo es escéptico con respecto á los nuevos hechos y descubrimientos médicos, y antes que aprecie el valor y la importancia de las medidas higiénicas, curativas y preventivas, pondrá en ridículo nuestros principios y pondrá obstáculos á nuestros mItodos. Los legisladores hacen causa común con el público y la prensa, y por consiguiente raras veces se votan cantidades suficientes para el adecuado mantenimiento de las condiciones higiénicas, ya sean los de un estado, ya los de una nación. Hablando en términos generales, la creencia del público en nuestras teorías sobre las causas de las enfermedades y las precauciones contra ellas, es esencial para nuestras luchas en pró de la salud, y con este fin las materias de higiene deben hacerse parte de los estudios de una escuela ordinaria de instrucción, y deberían ser propagadas mediante conferencias sistemáticas en términos que todos puedan comprender. Los baños dieron á Roma su salud y su fuerza.

Se ha demostrado que la mosca es un agente de infección de la fiebre tifoídea y la de tuberculosis, así como también el papel que desempeña el mosquito en la fiebre palúdica y en la amarilla, pero el vulgo y la prensa, á pesar de que la opinón médica es unánime en el particular, no han sancionado del todo nuestras esfuezas para vencer estes males.

Debemos demostrar al público la causa y el efecto de cada enfermedad, y deberíamos dar un nombre relacionado con su etiología, ó que la indique, á las enfermedades cuya propagación depende de un agente intermedio, como la fiebre amarilla y la palúdica; verbigracia, la fiebre palúdica debería llamarse "fiebre anopheles," infección ó envenenamiento; la fiebre amarilla, "fiebre stegoymia," infección ó envenenamiento. Con estos calificativos se indicaría su origen y la necesidad del exterminio de los insectos las respectivas enfermedades, cuya naturaleza se sugiere forzosamente.

El fomento de la higiene y la eliminación de las enfermedades dependen del público tanto como de la profesión médica, y la cooperación en estos asuntos depende mucho de la educación del vulgo en materias de higiene.

MEMORIA SOBRE LA FIEBRE AMARILLA EN CUBA POR EL DR. JUAN GUITERAS, DELEGADO DE CUBA.

La observancia de las medidas profilácticas contra la fiebre amarilla, inventadas por el Dr. C. J. Finlay é instituidas por el Gobierno Americano de Intervención, han dado los resultados siguientes:

Primero, la continua inmunidad contra la fiebre en todo nuestro territorio, y

Segundo, la prueba terminante de que la picadura de un mosquito contaminado es el único medio natural para la trasmisión de la fiebre amarilla.

Al presentar este resumen de lo que se ha conseguido durante los tres últimos años, desarrollaré un argumento en apoyo de la segundo proposición.

Lo hago porque en algunas de nuestras hermanas repúblicas hay todavía alguna vacilación en admitir y observar todas las conclusiones lógicas de esta doctrina. No se ha enseñado á los habitantes de estos países á comprender completamente esta teoría, y de aquí el que prevalezca entre algunos el mal y que invada á otros.

Repetiré lo que declaré en la última conferencia, que no es posible llevar á cabo con éxito las medias profilácticas contra la fiebre amarilla sin la cooperación del pueblo. Una comunidad en la que el aviso del acaecimiento de un caso de fiebre amarilla causa una consternación irrefrenable, no puede dejar que sus autoridades sanitarias hagan tal aviso ó que rodeen al enfermo con todas las precauciones posibles. Es seguro que un aviso de esta naturaleza produzca una grave paralización en los negocios, restricciones comerciales y violentas cuarentenas. Se ha establecido de hecho un curioso círculo vicioso, el cual puede

ser expresado concisamente en esta forma: El aviso de que ha ocurrido un caso de fiebre amarilla produce una gran consternación y graves desórdenes, porque todos temen—frecuentemente con razón—que han ocurrido otros casos que se han encubierto; y, en segundo lugar, que se ocultan casos por temor de causar una consternación perjudicial.

La confianza que existe en la Habana está basada en la aceptación de la doctrina que nos ocupa por el pueblo, y en la convicción de que las autoridades sanitarias obrarán sin pér-

En el hospital de Las Animas, de la Habana, para la fiebre amarilla, vemos pertuamente dida de tiempo y abiertamente en cuanto se presente cualquier caso sospechoso.

presentes y en operación activa las causas que, de acuerdo con la antigua doctrina, podrían ocasionar espontáneamente la propagación del mal que nos ocupa. Hace más de cuatro años que los adictos de la antigua escuela están acechando en vano estas causas, que, según opinan todavía, están escondidas en el suelo, para renovar su actividad y hacer revivir los horrores del antiguo mal endémico del Mar Caribe.

Los últimos días de la fiebre amarilla en Cuba han sido relatados en un trabajo leído ante la Sociedad de Estudios Clínicos de la Habana por el Dr. J. Le Roy, en abril de 1902, bajo el título de "Estadísticas de la fiebre amarilla y la desaparición del mal de la Habana según se demuestra en los datos de dichas estadísticas."

La agonía del gran mal endémico duró siete meses, á saber, desde el 16 de febrero hasta el 18 de septiembre de 1901, fecha del último caso autóctono ocurrido en la Habana.

Conviene recordar que cuando empezó la campaña contra el mosquito en febrero de 1901 había habido desde 1898 una afluencia de 42,000 inmigrantes, no faltando, por lo tanto, campo nuevo para la infección.

No repetiré una vez más los detalles del nuevo método empleado para combatir la fiebre amarilla. Este método ha sido aceptado, por lo menos teóricamente, como el único procedimiento para el exterminio del mal. Baste decir que consiste en protejer todo caso de fiebre amarilla, contra las picaduras de mosquitos, y en exterminar todos los mosquitos que hayan podido picar á los atacados de la fiebre, es decir, todos los insectos que se encuentren al rededor del enfermo. Esto fué lo que se hizo con nuestros casos autóctonos, y la vigilancia de nuestra Cuarentena Marítima y nuestra Oficina de Inmigración nos permitieron obrar del mismo modo con los casos importados.

El efecto de estas medidas puede ser comprobado en las estadísticas de 1901.

En enero tuvimos 27 casos.

En febrero 10. En este mes se empezó la campaña, el período en que el estado mórbido de la fiebre amarilla llagaba á su mínimum. El éxito obtenido en la Habana, así como otras consideraciones teóricas, nos hacen creer que ésta es la mejor época para iniciar la campaña contra este enemigo endémico.

En marzo tuvimos 2 casos, y uno importado.

En abril, 2.

En mayo tuvimos 5 y uno importado; esto demuestra que la epidemia anual de costumbre empezaba á afirmarse.

En junio tuvimos un caso y otro importado.

En julio tuvimos 6 y otros 6 importados de un pueblo vecino.

En agosto tuvimos 7, 4 de los cuales fueron importados.

En septiembre tuvimos 9 casos. Dos de estos cayeron enfermos en el 2°, siendo los últimos que se originaron en la ciudad de La Habana.

Presento este resumen estadístico porque los últimos casos de la agonizante endemia son de especial interés en relación con los casos experimentales inoculados en el Hospital de Las Animas. Éstos fueron, hablando generalmente, los más graves que se habían producido mediante la aplicación de mosquitos de laboratorio, y tienen mucha importancia como prueba de la trasmisión de la fiebre por el mosquito, porque en dos de ellos se demostraron las lesiones post mortem características de la fiebre amarilla.

Sin embargo, algunos autores que han intentado argüir contra la aceptación de esta forma de trasmisión del mal, han rechazado la prueba de todos los casos experimentales. Rechazaron los casos leves porque los síntomas no estaban suficientemente desarrollados, y los casos graves porque, según ellos, no se contrajo la enfermedad por medio de la inoculación del mosquito, sino mediante la exposición ordinaria á la causa desconocida.

Así es que el Profesor Zanarelli y algunos de nuestros colegas brazileños han sostenido que los casos experimentales del Hospital de Las Animas no tienen valor alguno desde el momento que han ocurrido en un hospital de fiebre amarilla y en una ciudad en donde entonces prevalecía una epidemia del mal en cuestión. Nuestros colegas están equivocados. Hemos visto, de hecho, según las estadísticas que acabo de mencionar, que lo que hubo no fué una epidemia sino únicamente las últimas manifestaciones de la agonía de la gran endemia, en forma de unos cuantos casos esporádicos.

Nada más fácil que demostrar que el Hospital de Las Animas no estaba contaminado cuando se hicieron los experimentos. Los casos inoculados de que se trata se manifestaron en los días 11, 12, 14, 17, 18 y 20 de agosto. Veamos ahora la marcha de los otros casos en dicho hospital durante esos días y durante los meses anteriores de 1901, en lo siguiente:

Cuadro demostrativo de los casos de fiebre amarilla en el Hospital de Las Ánimas durante el año de 1901 hasta el 1º de septiembre, clasificados de acuerdo con los orígenes respectivos.

Meses.	Casos de La Habana.	Casos importados.	Casos experimentales.
Enero	3	2	0
Febrero	1	1	1
Marzo	1	1	0
Abril	1	0	0
Mayo	1	1	0
Junio	0	0	0
Julio	0	0	0
Agosto	0	1	6

Se verá que los casos curados en el hospital fueron gradualmente disminuyendo hasta desaparecer por completo durante junio y julio, que es el período en que un edificio contaminado debe haber empezado á producir su cosecha de infecciones. Y no se puede decir que esta inmunidad era debida á la ausencia de individuos susceptibles en el hospital, porque en él teníamos, desde el 22 de febrero de 1901, además de los casos ordinarios de otras fiebres, casi todos los cuales no eran inmunes, cierto número de inmigrantes jóvenes, recién llegados, que habían sido llevados de la estación de inmigración de Tricornia para nuestros experimentos de inoculación. Durante el mes de agosto había 12 de estos jóvenes españoles en los edificios del hospital. El número de las personas no inmunes que había en él aparece en lo siguiente:

Cuadro demostrativo de los residentes no inmunes del Hospital de Las Ánimas durante el mes de agosto de 1901.

Casos de fiebre tifoidea	3
Casos de orquitis	1
Casos de uncinariasis	4
Casos de febrícula	2
Total de enfermos no inmunes	10
Enfermeras y sirvientes	5
Inmigrantes jóvenes	12
Total general de personas no inmunes	27

De estos 27 individuos no inmunes solamente 6 fueron atacados por la fiebre, y fueron precisamente los 6 en quienes se experimentó la inoculación por medio de las picaduras de mosquitos infectados ad hoc en un caso grave de fiebre amarilla.

Aún nos queda por estudiar el caso que aparece en la columna de importados durante el mes de agosto en nuestro primer cuadro. Veamos si el enfermo pudo ser la causa de la pequeña epidemia de seis casos durante el més de agosto en el Hospital de Las Ánimas. Ingresó el 6 de agosto procedente del vapor *Monterrey*, de Méjico. Según nuestro conocimiento de la etiología de la fiebre amarilla, este caso importado no pudo haber producido la pequeña epidemia en cuestión. El paciente fué admitido el 6 de agosto, y la epidemia empezó solamente cinco días después, el 11. El período del desarrollo del parásito de la fiebre amarilla es de diez días, por lo menos, en el mosquito y dos en el hombre, haciendo un total de doce días. No se diga que este período de incubación etiológica se observa solamente en las inoculaciones experimentales, porque sabemos que algún tiempo antes de las demostraciones terminantes de la Comisión del Ejército de los Estados Unidos el Doctor Carter había ya llamado la atención al hecho de que debe pasar un período de doce días ó más antes de la introducción de un caso de fiebre amarilla y del desarrollo de los casos subsiguientes.

Es evidente, por lo tanto, que la infección en el Hospital de Las Ánimas estaba contenida en el jarro cubierto de gaza en que estaban encerrados los mosquitos contaminados. Cuando se suspendió la aplicación de estos insectos á los no inmunes, cesó también la pequeña epidemia en el hospital. Algunas semanas más tarde fué necesario producir un nuevo caso para demostrar la falsedad de cierto virus, y con este fin se extrajo un mosquito del jarro y se le aplicó á un individuo susceptible, produciéndose la fiebre amarilla.

Más tarde el Doctor Carroll necesitó otro caso para hacer experimentos con suero filtrado, y se produjo con el mismo procedimiento. La epidemia local en el Hospital de Las Ánimas fué, por lo tanto, hecha ó deshecha con sólo abrir ó cerrar el jarro que contenía los mosquitos contaminados.

Desde entonces sólo hemos tenido en Las Animas casos importados, á saber:

De septiembre á diciembre de 1901	2
En 1902	7
En 1903	10
En 1904	2
En Enero de 1905	3
Total	24

No cabe, pues, la menor duda que el sistema de profilaxis empleado en el mencionado hospital ha tenido exito, porque durante el tiempo en que se trataron esos 24 casos, teníamos en las salas otros muchos enfermos de distintos males, y la mayoría de ellos era no inmune. Y, con todo, sin más aislamiento que la separación por medio de canceles de tela metálica, la enfermedad no pudo propagarse nunca.

Según las antiguas teorías este hospital debía ser un pestilente foco de infección de la fiebre amarilla. Nunca se empleó en él desinfección alguna, en el sentido ordinario de la palabra, contra el mal que nos ocupa: y con bastante frecuencia los parientes no inmunes de los enfermos de fiebre amarilla se quedaban con ellos en sus mismos cuartos durante el ataque. Médicos americanos y europeos que no son inmunes van con frecuencia á visitar las salas y los enfermos del hospital. Un número de congresistas, miembros de la Asociación Americana de Sanidad Pública, que asistieron á la conferencia que se celebró en La Habana en enero último, visitaron los 3 casos que entonces teníamos en el hospital importados de Colón. En el laboratorio de esta institución se examinan la sangre y el excremento—nunca desinfectados—de los casos de fiebre amarilla; el practicante que hace esta operación y que se acerca á los enfermos para sacar esas sustancias, no es inmune. Las autopsias se hacen en el mismo laboratorio y con la ayuda del mismo practicante. Las dos últimas necropsias se hicieron á presencia de siete miembros de la Asociación Americana de Sanidad Pública, los cuales no eran inmunes.

En el mismo laboratorio todavía uso, para tapar los jarros en donde criamos los mosquitos, las mismas fundas de gaza que se emplearon con el mismo fin durante la epidemia de 1900. Estas fundas han pasado por las manos de muchos pacientes de fiebre amarilla. Nunca las he mandado lavar, sino que, por el contrario, las he conservado sucias para que sirvan como ejemplares de fomes.

Así, pues, ¿No podemos afirmar, sin temor á contradecirnos, que en el antiguo hogar de la fiebre amarilla se dán toda clase de facilidades, con excepción del mosquito infectado, para la propagación de la enfermedad?

No necesito repetir aquí los detalles del sistema preventivo establecido en La Habana. Pueden verse en los trabajos de nuestra última conferencia.

El mismo sistema de defensa se ha establecido en otros puertos de la República, y en donde quiera que se observa una rotura amenazante en las defensas, todos los medios de la Junta Superior de Sanidad y de la Cuarentena Marítima se concentran en el punto débil. Hace poco se ha dado ejemplo de ello en Santiago, en donde por la primera vez desde 1901 la fiebre amarilla consiguió romper nuèstras defensas, ocasionando dos casos. El primero fué el de S. A. Fuller, natural de los Estados Unidos, que cayó enfermo el 18 de octubre del año pasado en Punta de Sal, en la Bahía de Santiago. Hacía veinticuatro días que Mr. Fuller estaba en la isla cuando so enfermó. Por lo tanto tuvimos que hacer la deducción que se había contaminado en Santiago ó en Punta de Sal, los únicos sitios que había visitado durante los cinco días anteriores al en que cayó enfermo. Mi Gobierno me ordenó que investigara este gravisímo caso, y deduje la consecuencia de que el foco de infección debía estar en Punta de Sal, porque las fechas de las visitas de Mr. Fuller eran muy próximas ó muy lejanas á de su ataque para caer dentro de los límites del período de la incubación. Afortunadamente encontré que las condiciones en Punta de Sal eran favorables para el aislamiento del enfermo y para la observación de todos aquellos que pudieran haber estado expuestos á la infección. El sitio en cuestión está á unas 3 millas de distancia de Santiago por mar. Fué, por lo tanto, fácil detener á los no inmunes é impedir que fueran á nuevos focos de infección. Los individuos así detenidos pudieron ser protejidos contra la contaminación mediante el rápido exterminio de todos los mosquitos que había en los hogares. Inmediatamente se fumigaron todos los edificios y conseguimos limitar la propagación á un caso secundario. El enfermo fué trasladado al Hospital de Aislamiento, que está situado en una de las islas de la Bahía, y se le rodeó de canceles tan pronto como se hizo el diagnóstico. En el hospital el paciente estaba rodeado de personas no inmunes. No sabemos cómo se introdujo la infección. Claro está que no puede haber más que dos medios, á saber, que se introdujo en Punta de Sal un caso sin diagnosticar, ó que un mosquito contaminado llegara en un vapor procedente de un puerto infectado. En el primer ejemplo, debemos suponer que fué un caso sumamente leve que pasó desapercibido; pero contra esta suposición existe la objeción de que si el paciente no fué reconocido tuvo que ser tratado sin ningunas precauciones y por lo tanto debiera haber infectado un número

considerable de mosquitos, y el resultado hubiera sido la aparición simultánea de varios casos al mismo tiempo que el de Fuller. Así pues, me inclino á aceptar la segunda suposición, es decir, la importación, en un buque, de un mosquito infectado, y si fueron más de uno, no serían muchos, porque todos parecieron sin producir más que un caso, el de Fuller.[a] Se diagnosticó este caso al tercer día después del ataque. Fué por lo tanto necesario exterminar los mosquitos que durante estos tres días picaron á Mr. Fuller, cuyos tres días constituyeron el período del peligro. Afortunadamente teníamos todavía ocho ó nueve días para llevar á cabo el exterminio antes de que los mosquitos pudieran empezar á trasmitir la infección. Tan bien se aprovechó este tiempo que sólo ocurrió un caso secundario, el de Mr. Salter, que cayó enfermo el 1.° de noviembre. Con ésto se extinguió el pequeño conato de epidemia. Ya se habían destruído todos los mosquitos que había en el Hospital de Aislamiento de Key Duan, cuando Mr. Fuller y Mr. Salter fueron dados de alta.

Aún hubo otro serio conato de invasión de la fiebre amarilla, en cuya ocasión, como en la que acabo de relatar, las medidas que se pusieron en práctica fueron una prueba más de la verdad de los principios en que se basa nuestro sistema de defensa. En julio de 1903, un pasajero del vapor *Vigilancia*, procedente de México, valiéndose de un falso certificado de inmunidad, consiguió evadir nuestra inspección de cuarentena en La Habana. Este individuo se alojó en el No. 29 de la Calle Inquisidor, en donde pasó las primeras 48 horas de su ataque, y en cuya casa había un gran número de huéspedes no inmunes. Entonces pidió que se le trasladara á un hospital y al ingresar en el de Las Mercedes enseguida conocieron la naturaleza de su enfermedad, enviándosele entonces inmediatamente al de Las Animas. Las medidas profilácticas que se tomaron en este caso consistieron en el exterminio, por medio de la fumigación con polvos de piretrina, de todos los mosquitos que había alrededor de la casa de la Calle Inquisidor y del Hospital Mercedes. Se hizo una lista de todas las personas no inmunes que residían entonces en estos locales; se les tomaba la temperatura dos veces al día con el fin de descubrir los primeros síntomas de una manisfestación secundaria. Gracias á las diligentes medidas que se tomaron, el mal no pudo propagarse.

Para terminar, Señores Delegados, les ruego una vez más que contemplen por un momento el cuadro representado en la primera parte de este documento; la agonía de una gran enfermedad epidémica. ¡Qué satisfacción tan grande es el haber sido testigo de los últimos momentos de tan temido mal; el haber presenciado los resultados de la obra de Reed, Lazear, Carroll y Agramonte! Esta es la primera vez que en la historia de la medicina se registra un suceso tan importante como el que estamos viendo: la agonía y la extinción para siempre de una plaga que tanto se había extendido y que había echado raíces tan profundas.

Si nuestra satisfacción al comtemplar este hecho es tan grande, ¿cuánto más grande será la del hombre que, mediante un esfuerzo de inteligencia, que no tiene igual en la historia del pensamiento humano, hizo posible todos estos hechos y este gran beneficio?

INDICACIONES SUGERIDAS POR EL DR. A. H. DOTY, FUNCIONARIO DE SANIDAD DEL PUERTO DE NUEVA YORK.

[Carta de remisión.]

"Estado de Nueva York,
"Departamento del Funcionario de Sanidad,
"Cuarentina, Long Island, 9 de Octubre de 1905.

"Querido Doctor Wyman: Por ahora no puedo decirle cuándo llegaré á Washington, lo cual siento en el alma. Diariamente llegan vapores procedentes de distritos infectados de fiebre amarilla y peste bubónica, y por varias razones deseo estar presente cuando llegan. Con ésta le envío algunas indicaciones relativas á inspección de cuarentena, etc., los cuales desearía que presente Vd. á la Convención, si Vd. lo cree conveniente. He hecho este dócumento todo lo breve posible, y espero que recibirá su aprobación.

"Afectuosamente,

(firmado) "A. H. Doty."

(1) Los métodos de inspección comunmente empleados en las estaciones de cuarentena de en todo el mundo son inadecuados para descubrir la existencia de casos benignos, ambu-

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[a] Desde entonces he visto prueba de la existencia de un solo mosquito infectado á bordo de un buque. Los individuos de la tripulación, del barco á que me refiero fueron enfermándose uno tras otro en intervalos de tres ó cuatro días, que es el espacio de tiempo que necesita el mosquito para digerir su alimento de sangre y disponerse para volver á picar. Si hubiera habido más de un mosquito los casos hubieran sido simultaneos ó hubieran ocurrido á intervalos más breves.

lantes ó no reconocidos de enfermedades contagiosas, las que en lo relativo á la salud pública constituyen uno de los enemigos más peligrosos con que tenemos que combatir.

(2) Se depende demasiado en la expiración del período de incubación de la fiebre amarilla para determinar el plazo en que deben estar detenidos los pasajeros que l egan de puertos contaminados.

(3) La falta de apreciación de la necesidad de descubrir casos benignos ó ambulantes y la frecuencia con que esos casos son causa de ataques del mal, cuyo origen es desconocido, han contribuído grandemente al apoyo de la teoría de que los cargamentos de buques son con frecuencia vehículos de infección, lo cual no es cierto.

(4) La propagación de la fiebre amarilla y la peste bubónica, asi como de otras enfermedades contagiosas, es comunmente debida á la costumbre de algunos funcionarios de sanidad pública de ocultar y no dar aviso de los primeros casos que caen bajo su observación. Esta costumbre, no solamente es causa frecuente de pérdidas innecesarias de vidas, sino que tambien está en pugna con la higiene moderna, la cual exige que se ponga en conocimiento del público toda irrupción de enfermedad infecciosa, particularmente las de carácter formidable. De esta manera se obtiene la confianza y la cooperación públicas, las cuales sirven de mucho para contrarrestar esas irrupciones.

Las conclusiones que anteceden, las presento como el resultado de mi experiencia como funcionario de sanidad pública, y creo, como ya he dicho, que los métodos de inspección de cuarentena que comunmente se emplean ahora, por general no son lo suficientemente adecuados para descubrir la presencia de casos benignos, ambulantes ó no reconocidos—cuestión de suma importancia. La circunstancia de que un buque procedente de un puerto infectado de fiebre amarilla ha empleado en el viaje cinco días, y que los que están á su bordo pueden comparecer ante el inspector médico y decir que están bien, presentando una apariencia que tiende á corroborar sus declaraciones, no es en manera alguna prueba concluyente de que alguno de los pasajeros no está afectado del mal. Esta misma teoría es aplicable al examen de los que llegan de un puerto infectado de peste bubónica. Por más que deseo creer que cinco días es en la mayoria de los casos el periodo máximo de incubación de la fiebre amarilla, tengo la convicción de que en muchos casos la enfermedad puede pasarse desapercibida durante el período de invasión, ó después ó durante la enfermedad, si el caso es benigno. Y además, si una persona no presenta síntomas del mal hasta después del sexto ó séptimo día después de la fecha de su salida de un puerto contaminado con fiebre amarilla, no quiere decir que ha sido infectado por mosquitos á bordo, porque puede haber estado sufriendo del mal dos ó tres días antes de que se hubiera descubierto. Desgraciadamente se admiten en los puertos casos benignos ó ambulantes de peste bubónica, y ello es debido mayormente al hecho de que solamente los casos graves y típicos son vigilados, pasando desapercibidos los benignos. Más de las dos terceras partes de los casos de peste bubónica que han llegado á la estación de cuarentena de Nueva York han sido de carácter benigno y hubieran pasado desapercibidos ante el examen visual ordinario. Solamente se descubrieron después de un examen de las glándulas superficiales del cuerpo y de tomarse la temperatura de los que estaban en observación.

De los 6 casos de fiebre amarilla que durante el presente año han llegado á esta estación, 3 pudieron presentarse para la inspección y hubieran pasado desapercibidos Se descubrió su estado por el uso del termómetro principalmente. Además los buques en que vinieron estos casos habían empleado seis días en el viaje. Puedo añadir que después que las personas á que me refiero fueron trasladadas al hospital, admitieron francamente que sentian calofríos, ó que habí an estado enfermas dos ó tres días antes de su llegada. No hay duda que el desapercibimiento de los casos benignos ó no reconocidos ha sido causa de muchas irrupciones de enfermedades contagiosas, cuyo origen se atribuye á otras fuentes. Casos benignos de peste bubónica que han pasado desapercibidos en un puerto puede llevar la infección á otro, y este hecho ha apoyado en grande escala la teoría de que las ratas son comunmente el vehículo de infección de este mal. Por más que no hay duda que este roedor trasmite la peste bubónica, yo creo que se exagera la frecuencia con que ésto sucede, y que tarde ó temprano nos convenceremos de que tal es el caso. Además, no se dá suficiente atención á la aparición de casos irregulares á bordo de buques, particularmente de los que vienen de puertos infectados. Se dice, de buena tinta, que el primer caso que hace poco apareció en Hamburgo fué admitido en el hospital como un caso de pulmonía, no averiguándose verdadero carácter de la enfermedad hasta algún tiempo después. También pueden ocurrir complicaciones que pueden despistar ó encubrir la presencia de una enfermedad contagiosa. Casos de esta naturaleza han caído con frecuencia bajo mi observación.

Creo que si el termómetro fuera cuidadosa y científicamente usado sería uno de los medios más valiosos para descubrir la existencia de casos benignos ó no reconocidos.

A mi juicio es de suma importancia el que esta Convención tome un acuerdo para que las distintas naciones hagan un convenio en el que se estipule la notificación inmediata de las irrupciones de enfermedades contagiosas. Ello constituiria uno de los medios más eficaces para impedir la trasmisión de enfermedades infecciosas y sería una valiosa ayuda para la conservación de la salud pública.

ALOCUCIÓN QUE PRONUNCIÓ EL PRESIDENTE ROOSEVELT EN LA OFICINA EJECUTIVA CUANDO LOS MIEMBROS DE LA SEGUNDA CONVENCIÓN SANITARIA INTERNACIONAL FUERON A VISITARLE EN EL 12 DE OCTUBRE DE 1905.

DR. WYMAN, SEÑORES Y SEÑORAS DE LA CONVENCIÓN: Salúdoles y dóyles la bienvenida con especial placer, tanto por la profesión que representáis como porque venís de nuestras hermanas Repúblicas de la América.

Creo que nosotros, los de este Hemisferio, vamos á demostrar al mundo entero que nacionas separadas pueden unirse para trabajar en perfecta armonía y en un esfuerzo común, como están Vds. unidos ahora, para el mejoramiento de las condiciones que afectan á todas ellas.

El mundo exterior está empezando solamente á apreciar el asombroso progreso hecho por las Repúplicas de Centro y Sur América, no sólo social é industrialmente, sino también en las ciencias, artes y literatura. En asuntos médicos, industriales, científicos, sociales ó artísticos, cada uno de nuestros paises tiene algo nuevo que aprender de los otros; y los doy la bienvenida como colegas y maestros.

Claro está que no puedo exagerar la suprema importancia de la profesión médica en la vida moderna y, como la que está empezando á adquirir, en la internacional. En los tiempos de antaño, cuando una epidemia azotaba un país se consideraba que solamente afectaba á ese pais, hasta que se propagaba á algún otro indefenso contra ella. Ahora reconocemos que la extirpación de enfermedades, la guerra contra las condiciones antihigiénicas, debe hacerse por el esfuerzo organizado de la profesión médica de todas las naciones unidas.

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